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Medical Gazette N^o 27

THE
London
MEDICAL GAZETTE;

BEING A

Weekly Journal

OF

MEDICINE AND THE COLLATERAL SCIENCES.

VOL. II.

(JUNE 7, 1828, TO NOVEMBER 29, 1828.)

LONDON:

PRINTED FOR LONGMAN, REES, ORME, BROWN, AND GREEN,
PATERNOSTER-ROW.

1828.



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No. 27.]

SATURDAY, JUNE 7, 1827.

[Vol. II.

SELECTIONS
FROM
LECTURES ON THE PRACTICE OF
PHYSIC.

BY W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

ON FEVER.

LET us, then, for the convenience of description, consider fever as the ORDER—the genera would be, *intermittent*, *remittent*, and *continued*.

Intermittent fevers (which we will first describe) are again divisible into species, and some of these species are to be farther distributed, as we shall see hereafter, into varieties.

Intermittent is the genus of fever, which we will now proceed to describe in detail.

The species of intermittents are *quotidians*, *tertians*, and *quartans*. These species are known in medical language by the term types.

We say a fever is of the tertian or quartan type, or it has changed its type—from being a quotidian it is become a tertian.

In quotidians, as I have anticipated, we suppose the depressing influence of the disease to be daily conquered by the energies of the constitution, and daily to return to the charge until the cure is completed: and the symptoms correspond with this supposition sufficiently for all practical purposes. In tertians, this occurs once in forty-eight hours, and in quartans, once in seventy-two hours.

The remote causes of the different species of intermittents just now mentioned, are of two kinds: those which

are external to, and independent of the patient himself, and those which immediately belong to him. The former have been called occasional or exciting causes; and the latter, namely those which appertain to the individual himself, have been named predisposing, or accessory causes. As to proximate causes, they constitute the disease itself, and are to be considered in the pathology of the morbid affection. The causes which are external, and independent of the patient himself, are the miasmata, or effluvia, from marshes and fens, and similar exhalations from any other sources.

The older physicians, amongst whom the most remarkable writers on this subject were Sir John Pringle and Dr. George Fordyce, held an opinion that the agent in producing intermittent fevers in persons living in swamps and fens, was simple moisture. A writer of great talent, who is now living, Dr. Bancroft, has, I think, clearly shewn that this was a mistaken supposition. The limits of a lecture preclude the possibility of entering fully into his arguments on the subject: but, amidst a number of striking facts, in my opinion completely proving his position, he gives the following, as an instance of the innocency of an atmosphere highly impregnated with simple moisture. It is well known that the gulph stream which flows with great rapidity by the banks of Newfoundland, brings with it a temperature often several degrees warmer than that of the atmosphere, or of the sea itself. The consequence is, that the warmth of the stream, aided by its motion, produces a great evaporation of aqueous particles, which are immediately condensed

by the coldness of the air, so as to produce the fogs of Newfoundland, of which we have all heard so much. Now let us see what is the effect of this moisture on the constitutions of those who live in such an atmosphere for six months together. To ascertain this, Dr. Bancroft refers to Dr. Lind's book on the diseases of seamen in hot climates; in which, after mentioning "the surprisingly healthy state of the ships' companies who annually visit the banks of Newfoundland," he adds,—“It is a constant observation, that the men belonging to the Newfoundland fleet, return every autumn to England *with much more healthy crews than they left it.*”

To this we will only add one other argument against the opinion that moisture is to be considered, in this instance, the morbid agent. It is the fact that is well known, that intermittent fevers do not rage during the rainy season, in countries where they are endemic; but that their ravages commence when the surface of the ground begins to be uncovered by the subsidence of the waters, and continue until the ground becomes dry. It is a fact well known to travellers in Egypt and Arabia, that the season which produces the most frequent fevers in those countries respectively, is that in which the Nile and the Euphrates subside, after the inundations, into their proper channels. Hence it has been very fairly concluded, that the effluvium from vegetation, in the first state of decomposition, or putrefaction, has a share in producing the disease under consideration: an effect not producible by living vegetation, when combined with water, as is exemplified in that variety of swamp, or bog, in which the surface consists chiefly of the sphagnum palustre, and other aquatic plants growing rapidly in lakes, or other large pieces of water. Of peat bogs I will speak hereafter, and explain the reason, as lately laid down by good authority, why they do not produce intermittent fevers.

But to return. It is in fens and marshes,—and these, whether they owe their dampness to fresh or salt water; that we find the surface best calculated for the production of febrific miasma.

Dr. Macculloch, in a very ingenious and elaborate Treatise on Malaria, published within the last six months, defines

a marsh, or fen*, as “Land partially inundated (by salt or fresh water), dry in some places perhaps, wet in others; or land subject to peculiar alternations of moisture and dryness, sometimes amounting to absolute inundation in the former case.” In another place he says, that the essence of a marsh, or fen, is, “that there should be a peculiar decomposition, or death of vegetation, carried on at a certain point of vacillation between earth and water, which, he says, is the generative cause of fever.”

These, it must be confessed after all, are vague descriptions of an agent whose deleterious influences are acknowledged to be of so intense a character as those of febrific miasma. Hence it is that various attempts have been made to fix on the particular plants which, in the progress of decomposition, appear to produce the most injurious effluvia. This subject, however, has been pursued with very limited success by the French botanists, and has left us with little more knowledge of it than we had previously attained,—namely, that the decomposition of flax and hemp, indigo, rice, and coffee, in contact with water, whatever may be said of other vegetables, afforded some of the most abundant sources of miasmatic fever; facts which have been long acknowledged in the plantations of those respective articles in England and Russia, amongst the rice fields and indigo grounds of India and China, and the extensive plantations of coffee in North America. Still, however, it has not been proved that the injurious influence of such plantations is attributable to the botanical character of the crop, rather than to other circumstances belonging to the climate and the particular qualities of the soil.

It is undoubted that a marsh, or fen, in the ordinary sense of the word, presents a surface in which myriads of plants and animals are constantly perishing; and when the presence of water causes them to undergo a variety of decompositions, and of new combinations, an abundance of vapours must necessarily be disengaged from those decaying surfaces, and arise with the moisture which is evaporated from the whole superficies. Of what, then, does the whole of the effluvium, or vapour,

* Vide Macculloch, p. 60. 81.

consist?—Why, it is made up of the joint exhalation of moisture and a quantity of vapours extricated from vegetable and animal matter during the early stages of their putrefactive decomposition *. It has been the fashion amongst pathologists, to say that the animal matter has no share in the production of febrile miasma, because it is well known that putrefying animal matters alone, when collected in such masses as to produce syncope, or even sudden death, and, in other cases, severe dysenteric diarrhoea, have never been found to be the exciting cause of fever. But however this may be, when they act alone, it is still very possible that they may constitute an active ingredient in a compound exhalation such as we are now describing.

The miasma, then, is the whole exhalation from a fen, or marsh, and includes the vapour of water in combination with that of such vegetables and animals as have recently died and become putred on its surface.

Such being the effluvium, what are its chemical properties? This question, I am sorry to say, has never been satisfactorily answered. Some of the principal habitudes of this agent have been, however, pretty well ascertained. To the most important of them I will now shortly advert.

I have before said, the miasma is a production formed during the earlier stages of the decomposition of the surface of a fen, or marsh. Peat perfectly formed—I mean a bog, in which the process of forming the substance called peat is complete, and the slow putrefaction on which its formation depends can be carried no farther, and in which there is no growing vegetable ready to putrefy hereafter, is necessarily incapable of producing malaria, or febrile miasma; inasmuch as no gas appears to be generated from this kind of soil under the action of water, when once the peat is thoroughly formed. Besides, peat is not formed in the lower latitudes, where intermittent fever is most common.

The ponderousness of marsh miasma is a quality which was supposed formerly to have been well ascertained: but even this is now doubted by those who have paid most attention to the subject. In truth it has been, I think, shewn that the

apparent weight of the miasma depends on the vehicle in which it is suspended; nor, indeed, can we well suppose it to be otherwise. The most ordinary vehicle, and that with which it most readily combines, is a moist atmosphere, a fog, or mist; and that fogs and mists have been the sources of disease, is an old, and, as it would appear, a well-founded prejudice in all countries. It was a doctrine promulgated by Sir Gilbert Blane many years ago, was adopted by Dr. Bancroft in his *Treatise on Yellow Fever*, and is insisted on, at great length, by Dr. Macculloch, in his recent work. But here a difficulty arises with respect to another opinion which has prevailed on this subject, not only amongst the vulgar, but amongst some of the most learned medical writers and teachers; namely, that the east wind is itself an agent in the production of miasma—that is, that the east wind (the driest of winds) goes hand-in-hand with fogs, mists, and moisture, to produce the same effect as the latter. Even Dr. Bancroft, one of the most sagacious of observers, allows the fact, but does not remove the difficulty. Dr. Macculloch, however, has been, I think, more successful in his endeavours to reconcile this contradiction. He explains the matter by pointing out that, however dry a wind the east wind may be for the most part, yet that at certain seasons of the year, in the spring, and I should add the autumn, for instance, it blows upon us here in England after having passed over large districts of fenny or marshy grounds. He suggests that, probably, even the fogs from Holland may be brought hither by the east wind, and, independently of foreign effluvia, that all the eastern coast of Essex, and, in fact, almost all the country eastward of this metropolis, affords an abundant surface calculated to produce malaria, which is poured upon us by the east wind at those periods of the year in which the vapour rises in the greatest abundance; and if we allow that the miasma may be brought across the sea to this country, it is easy to see why, in England at least, the east wind should be almost invariably the agent in its transmission, inasmuch as there is a sufficient source in Holland, and the adjacent countries, to supply all England with the effluvium in question, whilst there is no such focus of malaria on the western coasts of our island.

* Bancroft on Yellow Fever.

And, in fact, it is a curious corroboration of this view of the subject, that, whilst we consider the east wind as the means of the transmission of miasma towards us, in French Flanders, and the northern parts of France, it is the north and north-west winds that are generally held to convey it thither, simply because those districts lie to the south and south-east of the swamps of Dutch Flanders and Holland.

Much has been said, by various writers, respecting the limited range, whether vertical or horizontal, that febrific miasmata are capable of taking. It has been stated by Sir Gilbert Blane and Dr. Bancroft, that ships which have been anchored close to the shore of an unhealthy coast, so as to *smell the land*, as it is called, have been dreadfully unhealthy, whilst those who were at two cables' length from the shore have escaped all inconvenience. So also with respect to the power of this malaria to rise perpendicularly: it has been said its range, in this direction, is exceedingly limited; and facts, such as the following, taken from Sir J. Pringle on the Diseases of the Army, have been considered conclusive on the subject; namely, that soldiers who have been quartered in the upper stories of houses in Ghent and Bruges have escaped illness, whilst those who have been obliged to inhabit the ground floors have been pretty generally sufferers from the exhalations of the country. But, with reference to such cases as these, I would suggest, in the first place, that it is obvious, without ascribing any mysterious inexpansibility to the effluvium in question, that its horizontal range must depend on the force and direction of the wind that happens to be prevalent at the time. If a gentle, but steady breeze (such, I mean, as is calculated to move on the cloud or fog which contains the miasma, without dissipating it), be blowing from the shore which produces it, we may conceive that the deleterious influence in question would be found in activity at a much greater distance from the land than if there were no wind, or too much wind, or wind in the opposite direction. So also with respect to the vertical range of marsh miasma, or its power of moving perpendicularly upwards, or even of ascending from the lower towards higher grounds: this will, on due consideration, appear to depend

very evidently on circumstances distinct enough from the chemical properties, or specific gravity, of the poison itself. It depends, in fact, chiefly on the qualities of its vehicle, which, as we have seen, is for the most part a damp or dewy atmosphere. Now it is necessary—in order to explain a fact which is undoubted, namely, that the inhabitants of hills in the neighbourhood of fens become affected by miasma, whilst some even of those who live at a lower elevation escape—I say, to explain this fact, it is necessary to recollect, in the first place, that if the wind blow from the valley towards the hill, and the marsh be in the valley, that those in the plane to the windward of the swamp will necessarily escape, whilst those on a hill to the leeward will suffer from the miasma. This is a simple case, in which we suppose that the temperature and previous circumstances of the air in the valley and on the hill are the same, or nearly so: but now let us suppose (the direction of the wind being as before) that the temperature of the air on the hill is lower—that is, that the air is colder than the air in the valley: the circumstances here will be somewhat different, for the miasma from the marsh, meeting with the colder air of the hill, will not creep on the surface up the side of the hill, but will ascend diagonally, and strike the hill somewhat higher up, leaving the intermediate ground free from the effects of its influence.

There are many instances, occurring in various countries, of this extraordinary immunity from disease in the low grounds, whilst the heights above them are ravaged by fever, which are brought together in Dr. Macculloch's book. Among these it will be sufficient to mention a few selected from England itself. At Weymouth, the back water, as it is called, seldom produces intermittents in the inhabitants of its immediate vicinity; but these fevers are found to range along the high grounds above and around the bay. The same is observed in Cornwall with respect to the marshes of St. Blaisey and Marazion. Still nearer home, also, it has been remarked, that the fens about Erith and Northfleet, in Kent, are less injurious to the inhabitants of the lower grounds near them, than to those who live in the houses situated on the chalk ridges above.

I will only mention one more case in which the specific gravity of the vehicle of the miasma must be carefully attended to, in estimating the direction in which the miasma itself is likely to move. Supposing, as in the former case, a marsh with a hill on one side, and an extensive flat on the other, and that the wind blows from the hill over the marsh: if the atmosphere on the hill be of the same temperature as over the low ground (or marsh), the miasma will be propelled along the surface, and will infest with fever those who are placed directly to the leeward of the marsh. But now let us suppose, which is much more probable, that the air on the hill is colder than the air in the valley, the direction of the wind remaining the same, the consequence will be very different, for the cold air from the hill will drive the miasma of the marsh upwards on its lee side, instead of propelling it in a horizontal direction along the plain; whilst the pure air of the hill will pass along the surface of the plain, and the marsh miasma will be carried away towards the upper part of the atmosphere, to the leeward of the swamp. It is easy, therefore, to see why it will often happen that a marsh may, under certain circumstances of the wind, produce fever on an adjacent hill, whilst the opposite direction of the wind cannot similarly affect those inhabiting the plain on the opposite side of the marsh. Nor is this merely a hypothetical case, for there are innumerable instances of hills thus situated with respect to marshes in various parts of the world, which are found to be more unhealthy than the flat ground on the opposite side of the marsh from whence the febrific effluvium is generated. Not to mention the hill fevers in India, of which so much has been written, it will be sufficient to state that in Italy particularly it has been remarked, that the southern winds propagate, from the plains to the hills upwards, that malaria which the northern or mountain ones are incapable of diffusing through the plains beneath, and for the reasons which I have just now stated. [The lecturer here explained these cases by diagrams.]

I have taken simple cases to illustrate the difficulties inherent in this question. To those who follow up the subject, a thousand other modifying circumstances will occur in each particular case which

may present itself for investigation; but these observations will be sufficient to show, that in estimating the healthiness of any place or district with reference to intermittent fever, it is not enough to ascertain its proximity to, or distance from, marshy spots or similar sources of malaria—we must ascertain not only this point, as well as the direction of the prevailing winds, but we must also take carefully into consideration the ordinary temperature of the air at the spot in question, as compared with its temperature in the marsh. For I have shown that all these clearly modify the direct influence of such marshy grounds as may be very near us, and in the same proportion often subject us, when we are at a much greater distance from its source, to that injurious influence of which we might, at first sight, suppose we were entirely out of the reach. There are, in fact, no general rules which are at once applicable to all cases, but each particular case of climate which may arise must be decided by itself, with reference to its own peculiar circumstances; and the considerations which should have the chief weight, are those we have just alluded to. There are, however, a few other qualities in this miasma which we have still not adverted to, and yet which should not be altogether omitted whilst we are considering this subject, although, perhaps, they are of themselves of inferior importance.

It is an old remark, that a clayey soil is a more fertile source of marsh miasma, *cæteris paribus*, than many other varieties of country. Nor, indeed, can this be denied; but the best explanation of the fact is, that as we have seen that undrained ground in general abundantly supplies this effluvium where the moisture has an opportunity of combining with a putrescent surface of vegetable matter, so, as clay is of all soils that which is drained with most difficulty, nay is, in some instances, from the manner in which the ground lies, altogether incapable of being rendered dry, it is easy to see why countries abounding with alumine should retain the characters of a marsh at an elevation which, under other circumstances, would have ensured a dry and wholesome surface. The nature of this soil, then, may be considered to have nothing farther to do with the production of febrific

miasma, except inasmuch as proper drainage is impeded by it. Woods, thickets, jungles, all act in the same manner in facilitating the production of a surface favourable to the evolution of the miasma in question; inasmuch as they prevent the drying of the soil, and at the same time confine the effluvium after it is generated.

Another circumstance which is deducible from what we have already said, may also be here mentioned with reference to this agent. I mean that its influences are in greater activity at night than during the day; simply because its solvent or vehicle moisture, in the shape of dews and fogs, is more amply supplied by the atmosphere during the former than the latter period. I must not omit to say that marsh fevers—(and it will be seen hereafter that, although we are now speaking of intermittents, much that has been offered you on this head is applicable also to remittents, and even continued fevers)—that marsh fevers, I say, are sometimes generated in what may be called an artificial manner. The opening of drains and sewers occasionally produce them, by emitting an effluvium, as it may be supposed, very similar to the ordinary exhalations of swamps or fens.

A very interesting instance of this kind of artificial miasma was the cause of much discussion between the contagionists and non-contagionists, in the great controversy about the yellow fever. I allude to the case of the *Husar* frigate, which, in the year 1795, after capturing a French frigate called *La Raison*, was supposed to have received the contagion of fever from the prize, by which she lost many of her crew. It was afterwards, however, clearly proved, as Dr. Bancroft shewed, that the disease owed its origin to the exhalation of the vegetable matter in conjunction with the moisture in the hold of the vessel, and that none sickened with the disease who had not exposed themselves fully to this exhalation:—an excellent specimen of Dr. Bancroft's close and most acute reasoning.

Before I conclude this part of the subject, I would say a few words respecting the history of the doctrine of marsh miasmata, as a source of fever.

It is well known that almost all authors of antiquity, who have touched on scientific subjects of this kind, particularly

medical writers, have mentioned the insalubrity of swamps and stagnant waters, without, however, appearing to understand on what particular qualities their injurious effects on the human constitution might depend. By some accident, however, it has happened that Sydenham has, amongst many medical men, obtained the credit of being the inventor of the doctrine of miasmata, as it is now held by the majority of the profession; but without any foundation whatever, as Dr. Bancroft has shown: for, on referring to his chapter on epidemics, the second in his book, we shall find that he professed himself utterly ignorant of the cause of these fevers. He says in this chapter, "Although I have carefully observed the different constitutions of air of different years, that I might discover the causes of the various epidemic fevers which occur in different years, I have hitherto made no progress." And he afterwards says, that the air, under such circumstances, he supposes to be contaminated by some effluvium emitted from the inmost bowels of the earth (*ex ipsis terræ visceribus*). Now if he had properly understood the effects of the miasmata from the *surface* of marshy districts, it cannot be supposed that he would have expressed himself in such terms as these.

It is difficult to say who was the inventor of the present received doctrine respecting febrific miasmata. It is most reasonable to believe that it has been gradually elaborated during the last 100 years, by facts and reasonings contributed by Lancisi, by Baglivi, by Pringle, by Fordyce, by Cleghorn, by Lind, by Clark of Newcastle, by the late Dr. John Hunter, by Sir G. Blane, and others, until the last finish was given to the present doctrine by Dr. Edward Bancroft and Dr. Macculloch.

ABSTRACT OF A CLINICAL LECTURE

ON

INJURIES OF THE SPINE.

BY H. EARLE, F.R.S.

I SHALL embrace the opportunity afforded by the occurrence of the case which I have just related * to offer some observations on the subject of fractures

* See Hospital Reports in the present No.

of the vertebræ, and the treatment which is applicable in such cases—a subject replete with interest, and one in which considerable difference of opinion at present exists.

Fractures of the vertebræ may be confined to the spinous processes only, or may extend to the spinal arch, or may include the bodies of the vertebræ and the articular processes. The degree of danger resulting from such accidents varies according to the situation of the fracture, and the extent of displacement of the bones. This must, necessarily, during life, be involved in considerable obscurity, as in such cases positive proof and conviction are rarely in our power; all that we can do is, by a careful investigation of the history of the case, and the mode in which the accident occurred, to endeavour to get probability on our side. Most cases are produced either by violent falls from a height, or by slighter falls with heavy weights on the head or shoulders, or by forcible strains, by the body being compressed between two powers acting in opposite directions; occasionally, but more rarely, they are the result of force applied directly to the spinous processes, as a blow from the pole of a carriage. In this latter case the injury may be confined to the spinous process, or the bony arch which sustains it; but in a large majority of the former description the bodies of the vertebræ and articular processes participate in the injury, and are more or less displaced. In many such cases, by carefully tracing the line of the spinous processes, it becomes obvious, from the lateral displacement, that the bodies of the vertebræ must have suffered.

The most frequent seat of fracture is in the lumbar spine, or rather at the junction of the dorsal and lumbar, in which part there is a greater degree of motion; and any force tending violently to separate the body, by acting in opposite directions, might be expected to operate most deleteriously at this part. Next to the lumbar the cervical portion of the spine is most exposed to injury, from its great degree of mobility, and from the labouring class being in the habit of carrying very heavy weights upon the head. The dorsal division, from its compact solid form, is least liable to injury, except from the direct application of force as above described.

The immediate and important consequences of fracture are, more or less in-

jury to the spinal marrow and its membranes. The fracture of the bone abstractedly considered is of minor importance. The degree of injury which the spinal marrow may sustain varies exceedingly—from a slight concussion, or effusion into the membranes, to laceration, or even a total disrapture of the spinal cord. The actual extent and nature of this injury must be a matter of great uncertainty, as more or less paralysis of the parts below the seat of mischief is the common consequence of every degree of injury. The degree of danger is materially influenced by the situation of the fracture. When high up in the neck the respiratory functions may be so interfered with as to cause death in a very short space of time; and such cases are, in a very large majority of cases, fatal, from the great difficulty of maintaining the broken bones in a state of perfect quietude; and, consequently, from the danger of the spinal marrow sustaining additional injury on the slightest movement. The case which gave rise to these observations affords a good illustration of this, as death immediately ensued, in consequence of the patient making a sudden effort to move his head. Death, however, does not necessarily follow every accident occurring in the cervical region, even when the fracture has extended to the body of the bone. During a short visit to Paris, in the autumn of 1825, I was fortunate enough to witness the examination of a man who had injured his cervical spine by a fall backwards from a height of 18 feet. This was immediately followed by incomplete paralysis of all four extremities, bladder and rectum. General and local bleeding, and blisters, were employed, and the patient recovered in about six weeks, so as to be able to walk. Sensibility and motion were restored, and the patient left the hospital nearly well. About a fortnight after his dismissal, he fell suddenly in the course of a journey he had undertaken on foot; and he was brought back to the Hôtel Dieu in a state of complete paraplegia, affecting upper and lower extremities. Similar curative means were again resorted to, but without effect: the integuments over the nates sloughed, and the patient died hectic.

On examination, the body of the fourth cervical vertebra was found to have been fractured, and to have re-united firmly; part of the bony arch, or ring

of the vertebra, had been broken through, and had compressed the spinal marrow into a much smaller compass than natural. The investing membranes were thicker, and more vascular, and the marrow itself was much firmer at the part, so as to convey a gritty noise when touched with the point of a scalpel.

The sudden return of paralysis, with loss of consciousness, renders it highly probable that the patient was seized with apoplexy; but as the head was not examined, this must remain a matter of doubt. The case, however, is interesting, in proving the possibility of recovery after a complicated fracture of the cervical spine, and considerable pressure on the marrow.

When fracture occurs in the dorsal region, and there is compression or injury of the spinal marrow, the digestive functions are much impaired, and the abdominal muscles are greatly enfeebled, or quite palsied. Hence, tympanitic distention, with obstinate constipation, and inflammation of the bowels, will call for all our attention. The respiration will also suffer in such cases, and the bladder and rectum will lose their power: the former of which will demand our constant and anxious care, as paralysed parts are often prone to inflammation, and are incapable of resisting diseased action. The bladder and rectum may be paralysed in fractures occurring in the lumbar region, particularly in the upper part, but this does not universally obtain when the fracture is lower down.

Instances of recovery, after fracture of the lumbar spine, are by no means unfrequent. An interesting case of this description occurred in my practice during the last year. Jerry Howles, aged 37, a bricklayer's labourer, fell from a ladder two stories high, on a heap of stones, and forcibly struck his back on a cross piece of timber. From the moment of the accident he lost all power over his lower extremities, and he had difficulty in voiding his urine and fæces. For five weeks there was no improvement: the muscles became wasted, and he complained of great pain in his back, and down his limbs, on the slightest necessary movements. At this period he was placed on one of my double beds, which enabled him to remain in a state of uninterrupted rest;

from this time he gradually recovered the power over his limbs, and he is now able to resume his duties; but he has lost all motion in the loins, where there is an obvious projection, and slight lateral displacement. The plaster cast that I now exhibit was taken from his back when he was nearly recovered. I am happy in being able to refer you to other instances of recovery after fracture of the lumbar and lower part of the dorsal spine. In the collection of the Hunterian Museum you will find a very fine specimen, which occurred in the practice of a Mr. Harold, of Cheshunt. My late lamented friend, Mr. Shaw, obliged me with the sight of a preparation, in which complete separation of the spinal marrow, with displacement of the first lumbar vertebra, had taken place in a child in consequence of his being run over in the New Road. The child lost all sensation and motion in the lower half of the body, but the digestive functions were not disturbed, and he lived to repair the injury to the bone, which had united firmly; but the child remained paralytic, and eventually died of croup.

Another interesting case of recovery and union has been related by Cloquet, and no doubt many such may be found on the records of surgery, and in anatomical museums. The instance I now have the pleasure to exhibit is, however, so remarkable, and the union is so firm and complete, notwithstanding the displacement was so great as to cause the entire disruption of the spinal marrow, that it is not necessary to seek further for authorities. In this case you will observe a large thick callus, uniting the broken body of the vertebra, and the displacement has been so great that the extremity of the spinous process of the last dorsal vertebra has firmly united to the broken articular process of the first lumbar. The canal for the spinal marrow is so far obliterated at this part as only to admit a crow-quill.

The secondary consequences of fractures of the vertebræ, when patients survive the effects of the first injury, are inflammation and suppuration of the membranes, which are highly vascular, and much disposed to inflammatory action. The symptoms of this are, very great restlessness, spasmodic cramps in the back and limbs, and priapisms. On the supervention of inflammation it is not uncommon for the paralysis to be

partially or entirely removed, by which the surgeon is liable to be misled, and to entertain too favourable a prognosis.

The important question now arises, when you are called to such an accident how are you to act? First, enquire accurately into all the circumstances of the accident, and particularly the position of the patient when he received the injury. This will often enable you to form a tolerably accurate judgment of the nature and probable extent of the injury: by carefully tracing down the spinous processes you may sometimes speak positively with respect to the fracture and displacement of the body of the vertebra. In your examination, however, be very gentle, and on no account suffer the patient to be moved from side to side, or placed in different positions, by which you may at once cut short the thread of life.

Having, then, ascertained the existence of fracture, or having sufficient grounds for suspecting its existence, how are you to proceed? Are you tamely to look on, without attempting to alleviate the sufferings of your patient, or endeavouring to rescue him from this partial death; or are you to interfere, and by a bold and hazardous operation perhaps hasten his exit, or deprive him of the probable chance of recovery from the salutary efforts of unassisted nature?

In the practice of our profession we have two things to learn; when to act, and when to be the passive observers of nature's processes. It is from no feelings of apathy towards the patient, and from no fear of an operation, which requires but little manual dexterity, that I venture to dissuade you from attempting any operation in such cases. It is from a conviction that the weight of experience and argument is so decidedly against such interference, that I can hardly conceive a possible case in which we can be called upon to make so hazardous an attempt.

I am well aware that many die in consequence of such injuries without any operation having been attempted: that some recover has been sufficiently established by the instances I have already adduced; whilst, on the other hand, no instance has yet occurred where any decided benefit has been derived from such operations, and it is far from clear to me that some might not have recovered, if, instead of inflicting the additional injury of a rude operation, which

entailed the necessity for very frequent movement, the patient had been left in a state of uninterrupted repose. In offering this opinion, I am aware that I differ from deservedly high authority. Whenever I do so, I hope it will always be with caution and diffidence, but I also hope that I shall never hesitate to differ from any, and every authority, when I think that truth is on my side, and I know the good of mankind to be my view.

Let us consider what are the objects proposed to be attained by any operation? The answer is, by raising the fractured bone to remove pressure from the spinal marrow, and to allow of the escape of effused blood. To accomplish this, the large masses of muscles which fill up the interval between the spinous and articular processes must be separated, and the fractured bone removed, which will generally require the aid of the saw. In the first place let us pause, and reflect whether we can with any degree of certainty refer the paralysis to the fracture of the spinous process, and ring, or arch of the vertebra; as it is at once obvious that such an operation is only calculated to afford relief when the fracture is confined to this part: when it extends to the articular processes and bodies of the vertebræ, it can only act most prejudicially, by still further diminishing the strength and support of the spine, and rendering motion in the fractured part almost inevitable. But can we ever rely on our judgment that the injury is confined to the base of the spinous process or arch? I humbly conceive not; for paralysis may follow even slight concussion, or it may be the result of effusion within the theca, or it may be caused by destruction of the substance of the spinal marrow, or the fracture may extend to the bodies of the vertebra, and all the pressure and injury may centre in this part. Under such circumstances, can we reasonably expect to remove the paralysis by a violent operation; one by which the natural strength of the spinal column will be greatly injured, and the delicate membranes of the spinal marrow, which, be it remembered, are highly disposed to inflammation, will be exposed?

What, then, you will naturally enquire, is the line of conduct we ought to pursue when we suspect fracture of any part of the vertebræ? Be most

careful and gentle in your examination; place your patient in a double-inclined bed, which will support every part of the body equally, and allow of his evacuations being removed, and the strictest attention to cleanliness, without the slightest movement of the fractured part. If you cannot procure such a bed, a carpenter will construct, for a few shillings, such an apparatus as you have seen me employ in diseases of the hip, which will answer all the more essential objects of the bed. Be especially attentive to draw off the water at regular intervals, never allowing the bladder to be distended. Regulate the action of the bowels, and assist them with the frequent use of injections through the aperture in the bed, without moving the patient. Observe a strict antiphlogistic regimen, and bleed both locally and generally, if requisite; but local bleedings should be most cautiously employed, unless there is an aperture in that part of the bed opposite the fracture, as, generally speaking, the violence done in moving a patient more than compensates for any good obtained by the local abstraction of blood. These are the only rational measures which can be pursued in the early stage of the treatment. Should the patient survive, it may be requisite to employ issues or blisters to the part, but our chief reliance must be in perfect rest, and the restorative efforts of nature, which, in many instances, if not improperly interfered with, we have seen to-day will accomplish a perfect cure, when the spinal marrow has not sustained irreparable mischief; and even when this has been completely crushed, will unite the fracture firmly, although it is obvious that in all such cases the patient must ever after remain in a state of paraplegia. In fractures of the cervical spine it would, I conceive, be proper to restrain the motions of the head by some mechanical contrivance. I regret much that such measures were not employed in the case which gave rise to these observations, as it is far from improbable that the gradual amendment in the motion of the arms might have proceeded to perfect restoration, but for the untoward movement which suddenly arrested life. I shall turn my attention more particularly to this subject against any similar occurrence, and will not fail to communicate the result to you, should I succeed in overcoming this difficulty.

MEMOIR

ON

A NEW METHOD OF TREATING
ARTIFICIAL ANUS.

BY BARON DUPUYTREN*.

It is with just sentiments of diffidence that I proceed to speak of artificial anus, a malady at once loathsome and dangerous, which condemns those who have the misfortune to be afflicted with it, to give up the world, burthensome to themselves and others; and which makes them languish in misery, or carries them off from slow and painful marasmus.

Artificial anus has been generally looked upon as incurable; but I trust that, after the details I am about to enter upon, it may hereafter be ranked among those maladies which admit of relief from art, without much difficulty or danger.

It was requisite that I should first endeavour to ascertain the exact anatomical condition of the parts in this affection. In the natural state, the aliments traverse, in a given time, the whole length of the intestinal canal, and undergo, in each of its parts, a series of different changes, as the result of which they furnish to the absorbents the elements of nutrition; after this, the residue passes on towards the anus, and is expelled by actions, which are under the control of volition.

The length of time which they remain, the space which they traverse, the successive elaborations, the absorption of the chyle, and the evacuation of the residuum, constitute a series of necessary conditions indispensable to the regular action of the alimentary canal. Hence it happens that if, in consequence of any disease, these numerous conditions are altered, or even impeded, the digestion becomes disturbed, and more or less diminution of nutrition follows. This is what takes place in preternatural anus—a malady which consists either in an original or accidental opening in the alimentary canal, at a point different from the proper anus, by which opening the aliments, or the feculent matters, are evacuated involuntarily, and before they have been subjected to the necessary changes.

* *Memoires de l'Academie Royale de Medecine*, 1828.

The preternatural opening is rarely congenital, but almost always results from wounds, with or without loss of substance; inflammations, abscesses, and particularly from hernia, terminating in the destruction of a portion of the intestine. I mean only to speak of the latter variety—artificial anus.

This condition is by no means so easily produced as might be supposed; and even where life can be preserved only by means of this infirmity, nature and art united often fail to overcome the difficulties opposed to its formation. Art fails much oftener than nature, because, in order that it may be produced without danger, certain preparatory steps are required, which are within the power of nature, but beyond the reach of art.

The establishment of an artificial anus, in fact, requires the co-operation of many circumstances. It is necessary that the intestine, at the expense of which the new anus is to be formed, should be placed opposite that part of the abdominal parietes through which the matters are to make their exit; that the intestine should admit of being kept in this situation,—or, still better, that it be fixed in the opening; that a ready communication can be kept up between this aperture and that in the bowels; and, above all, it is necessary that these be capable of forming adhesions to the neighbouring parts,—circumstances, the simultaneous occurrence of which experience has shewn to be rare. Once established, the artificial anus presents an opening formed at the expense of the intestine and abdominal parietes, intimately united together. This opening, almost always round, but occasionally irregular, varies in size, from a few lines to an inch or more in diameter, and is surrounded by radiating folds of the skin plaited upon itself. The border presents throughout a cicatrix, uniting the skin of the belly to the mucous membrane of the bowel. Round the aperture exists that union between the intestine and abdominal parietes without which the preternatural anus could not be formed.

These adhesions are the product of inflammation, and always commence in the serous surfaces of the intestine and abdominal cavity; and thence extend to the other textures, soon reaching the skin and the mucous membrane. In hernia, these adhesions precede the

destruction of the parts, and thus prevent the escape of the intestinal contents into the abdomen. In wounds, again, they do not take place till after the division of the intestine; and this is the reason why these are so frequently fatal. Their extent varies; it is from half a line to a line, in most cases—but in others it is several lines, and sometimes, though rarely, extends through half an inch. The medium of union is a substance which successively passes from a glutinous state to a cellular, and, at length, to a fibrous texture. Arrived at this last stage, it is sufficiently strong to resist effectually most of the causes tending to separate the bowel from the walls of the abdomen. But as these adhesions never extend very far along the intestines, it results that a sort of *cul de sac* is formed, the opening of which looks towards the belly, and the bottom of which corresponds to the skin. Into this cavity the abdominal viscera are protruded, in some individuals, so as to produce herniæ, which obstruct, or even alter the position of the artificial anus.

The opening of the anus is almost always occupied by some part of the internal membrane of the bowel, irregularly puckered, and of a more or less deep red colour. Not unfrequently, protrusions of the bowel take place, the mucous membrane becoming irritated and inflamed. This eversion generally occurs at the upper end of the intestine, sometimes at the lower, and occasionally at both at once; but always forms a curved line, owing to the shape and resistance of the mesentery. Its length varies, from one to fifteen or more inches, and it may be easily conceived how much it must add to the pain and inconvenience.

Between the opening of the skin and the bottom of the artificial anus, there is a kind of funnel-shaped cavity, which Scarpa has well described. This is formed at the expense of the various parts which inflammation and the contact of the alimentary matters have brought to a state identical with that of mucous membrane. The skin forms its border, the intestine its base. Its length, direction, form, and dimensions, vary infinitely, and have very great influence on the cure of the artificial anus. The greater the length and capacity of this funnel, the greater, in general, the tendency on the

part of nature to cure the infirmity, or to second the efforts of art in effecting this object.

It is in the bottom of this cavity that the most remarkable and important dispositions of the artificial anus exist. There the orifices of the two extremities of the intestine, and the partition which separates them, are to be found. Of these openings, one belongs to the part of the intestine leading from the stomach, and, in consequence of the feculent and alimentary matters always passing through it, it is the larger and freer of the two. The other orifice belongs to the inferior extremity of the intestine; and as it does not receive any, or, at all events, but very little of the above matters, it is generally narrow, puckered up, and difficult to find.

Beyond these two orifices are the two extremities of the intestine, of which they are the terminations. These extremities, which are villous, and covered with mucos internally, and moistened with serous secretions externally, retire into the abdomen, sometimes crossing and sometimes parallel, but most frequently separating from each other at a greater or less angle; and at length they become more and more curved, till they are lost among the general convolutions of the bowels.

Between the two orifices, placed across, is a projecting angle, more or less marked. This projection, noticed and described by Saviard and Morand, is produced by the juxta-position and union of the sides of the intestine. Formed by the part of the bowel which the mortification or the wound has spared, on the side next the mesentery, this projection juts forwards, nearer to or farther from the skin, according as the intestine has suffered a greater or less loss of substance, and undergone more or less considerable change in its situation. It is small, and scarcely to be seen in the depth of the funnel, when the intestine has only just been pierced by a wound or eschar, and when it runs along the posterior surface of the parietes of the abdomen in the natural direction of its curve. But it is very great, and comes out to the level of the skin, when the whole circumference of the intestine has been destroyed, and when, in consequence of this, the two extremities meet at a sharp angle, and, *a fortiori*, when they are parallel. In the

former case, there exists, between the two orifices of the bowel, a kind of gutter, which may still direct the matters from the upper one towards the lower; and this, therefore, is the kind of preternatural anus most easily cured. In the latter case, there is no vestige of this gutter; and the projecting *buttress* of which we speak, placed between the two ends of the intestine, forms a barrier which the intestinal contents can neither break down nor get round;—this is the kind of anus most difficult to cure.

This projection does not divide the bottom of the funnel into two equal parts; or even if this be the case at first, it does not long continue so. In fact, thrown aside by the passing current of matters from the upper portion of the bowel, it becomes applied to the lower orifice, acting the part of a valve, and concealing it: hence the difficulty often experienced in finding the lower opening.

This buttress, examined from the cavity of the intestine, has the form of a crescent, the angles of which presenting from the concavity towards the convexity of the bowel, lose themselves insensibly on the inside of the gut, or on the borders of the artificial anus. Examined from within the belly, it is seen to unfold itself, and the two equal parts of which it is composed separate and receive the mesentery between them. This division of the buttress at its base is the result of its mechanism: it is not formed of one single wall except at its sharp edge; at every other point it consists of two sides, having a triangular interval between them, which becomes larger in proportion as they separate from each other on entering the abdomen.

It results from this, that the openings of the two ends are separated by a double partition, the surfaces of which towards the belly are smooth, and free from any adhesion; so that, in order to pass from one of these openings to the other through the intervening partition, it is necessary to traverse the peritoneal cavity. From this arises the difficulty and the danger of attempting to establish a communication between the two portions of the canal, by attacking the projection which separates them.

The buttress and double partition are

not fixed so firmly but that they can advance and recede: attached to the mesentery, they follow to a certain extent the movements communicated to them by that ligament. The distribution of the mesentery in artificial anus, though less important than that of the intestine itself, yet merits consideration. Stretching from the anterior part of the vertebral column to the concave part of the intestinal convolutions, it has, in the natural state, no greater extent than between those two points; and although extensible, it is always more or less dragged when the intestine leaves its natural situation, and is protruded from the belly, as in most cases of hernia and penetrating wounds of the abdomen, with protrusion of the bowels. Compelled to follow the gut which is displaced, the mesentery forms a kind of cord from the vertebral column to the part of the bowel most distant from it. This cord is necessarily tense, and inclines the body forward; thus preventing the power of keeping it upright, and still more of throwing it back. This is particularly observed in cases of hernia, which are adherent. In consequence of this distribution of the parts, the projection or buttress which has been described, as well as the intestine itself, is constantly pulled inwards by the mesentery, with a force proportioned to the degree of tension in this membrane. Hence we easily perceive the influence which the position and movements of the body must have on the cure of this malady. This tension, however, is not free from danger, as I have known it sufficient, in two cases, to destroy the adhesions which united the extremities of the bowel to the parietes of the abdomen, and thus to produce fatal laceration and effusion into the peritoneum.

This action of the mesentery on the intestine does not cease even when the artificial anus has been cured—it is continued long after, and gives rise to the following remarkable phenomenon: Several individuals cured of artificial anus without operation, having re-entered the Hôtel Dieu after several years, and having died of diseases unconnected with this, I examined the parts, and what was my astonishment when, in place of finding the intestine fixed to the inner surface of the abdominal parietes, I found it free and unattached! I might have suspected some

mistake, had not the identity of the individuals been perfectly established, and had I not found a fibrous cord extending from the intestine to the part of the abdominal parietes corresponding to the artificial anus. Thus the efforts of nature were not limited to closing up the preternatural opening; they had even separated the intestine from the parietes of the belly—they had restored its natural curve and mobility, by elongating the cellular substance in the form of a cord; and the smallness of this about its middle justifies the conjecture that its laceration would at once have removed the last trace of the derangement which had preceded, accompanied, and followed the formation of the artificial anus.

Nor are these the only changes which take place. The upper extremity of the bowel, excited by the presence and passage of the intestinal contents, acquires increased activity and size; a change in which the mesentery and lymphatic glands participate. The lower portion, on the other hand, ceasing to perform its functions, becomes gradually attenuated, till at length one part of the canal resembles that of an adult, and the other that of a new-born infant. Nevertheless, the lower end does not become obliterated, nor is it even altogether empty—it is filled to a certain extent with the usual intestinal secretions, which, from some remains of the natural functions of the part, are converted into a white mass, of a soft consistence and albuminous appearance, and which may remain, without undergoing decomposition or causing uneasiness, for months, or years, till it is either voided by a natural effort, or washed out with injections.

The consequences produced by artificial anus are these: in the natural state, the intestine free, and floating in the abdomen, though attached to the mesentery, describes a series of uniform curves, along which the contents pass without difficulty; but no sooner is an artificial anus established, than this becomes altered. A portion of intestine directed towards a particular point of the abdominal parietes forms a triangle, the base of which is towards the mesentery, and the sides of which are formed by the upper and lower extremities of the bowel.

The mobility, another condition necessary to the changes of situation,

volume, form, and, above all, to the peristaltic motions, by means of which the alimentary matters are propelled:—this mobility is changed, through a greater or less extent, into an absolute fixture, caused by the new adhesions. This fixed portion becomes a *point d'appui* for the efforts of the canal, so that the intestinal contents are constantly directed towards it; and hence results a real acceleration in their progress from the stomach downwards. The space traversed by the aliments is diminished—the period of their detention is abridged—their digestion is rendered incomplete—nutrition is impaired, and the evacuation of the bowels is removed from the control of volition. Every animal has an alimentary canal, the length of which is in proportion to the nature of its food, and each portion of the canal exerts upon the aliment which passes along it an influence different alike from that which precedes and that which follows it; and hence the artificial anus, by diminishing the length of the canal, lessens the degree of elaboration which the food undergoes, and thus impairs digestion—the more as the preternatural opening is nearer the stomach. Thus we see voided from an artificial anus, sometimes matters which are digested—sometimes such as are but half so—and at others, we see the food pass unchanged. In some individuals, the nutrition is not remarkably diminished; in others, it falls off rapidly; and in those who have the artificial anus very near the stomach—as for example, at the commencement of the small intestine—the strength diminishes, the body wastes, and the patient dies of inanition, after a time which varies according to circumstances.

With regard to the involuntary evacuation of the intestinal contents, the opening is not surrounded by any muscular apparatus capable of acting upon it at will; and the aperture is, therefore, always open to the matters which are constantly arriving. Besides, even if there were the necessary muscular arrangement, the contents of the bowels, deprived of a reservoir where they can become united, retained, and formed, as in the great intestine, would constantly require to be voided. There is thus a constant flow of mucous, biliary, alimentary, or feculent matters, according to the state of digestion and the

situation of the opening; and hence the person of the patient is affected with an offensive smell, and the parts are liable to excoriations, erysipelas, and intolerable itching, which renders existence a continual torture. All the contrivances to obviate these evils, do so but very imperfectly; and compression, so as to retain the matters within the bowels, often gives rise to such mischief as to render its abandonment absolutely necessary. It is evident that the buttress and partition which separate the two extremities of the intestine, are, by their greater or less projection into the artificial anus, the causes which facilitate or oppose the cure. How are these obstacles to be overcome? Can we push back towards the belly the parts which form them? Might we divide them by incision—by ligature—or by a slow and graduated section?

[To be continued.]

EXPLANATION OF THE PLATE.

- (a) Opening of the artificial anus and point of union between the skin and mucous membrane.
- (b) Upper end of the intestine.
- (c) Lower end of do.
- (d) Projection or *buttress*.
- (e) Walls of the above, formed by the coats of the intestine.
- (f) Cord or ligament formed by the mesentery.
- (g) Infundibulum, or *cul de sac*, between the peritoneum of the intestine and of the abdominal parietes.

FACTS AND OBSERVATIONS ON THE PATHOLOGY OF SOME DISEASES RESULTING FROM MORBID POISONS.

COMMUNICATED BY JOHN ASHBURNER,
Formerly Physician to the Small Pox Hospital, &c.

TWELVE years ago I promulgated some curious facts relating to the pathology of hydrophobia, which, though very important, I was from various circumstances not then enabled to give to the world in a sufficiently detailed form. The authors of the article on this extraordinary malady, in the *Dictionnaire des Sciences Medicales*, regretted the shortness of my notice, and some doubts were consequently thrown upon the nature of the disease upon which the observations were stated to have been made. The kindness of my friend Mr.

King, of Clifton, to whom I am indebted for extracts from his journal, has enabled me to remove these, and I shall hope that the recital of the circumstances connected with his experiments and observations will lead to further investigation.

A question of no inconsiderable importance in the pathology of diseases resulting from morbid poisons, suggested itself to the mind of Dr. Darwin, in the consideration of hydrophobia, as to the period after inoculation when excision of the inoculated part might be performed with a prospect of arresting the progress of the disease. He says, (*Zoonomia*, vol. iv. page 50) "if the patient were bitten in a part which could be totally cut away, as a finger, even after the hydrophobia appears, it is probable it might cure it; as I suspect the cause still remains in the wounded tendon, and not in diffused infection tainting the blood. Hence there are generally uneasy sensations—as cold or numbness in the old cicatrix—before the hydrophobia commences."

Dr. Babington held the opinion that there is a specific period, (*Medical Records and Researches of*, &c. page 127) prior to which the disorder may at any time be prevented by the removal of that part whence the matter was at first introduced.

It would be very desirable to ascertain the precise period of time at which the inoculated part in small-pox, or in the milder variety of the same disease, cow-pock, may be removed to prevent the accession of the constitutional affection; and to determine whether its removal after the disease had supervened would modify the subsequent train of symptoms. The tissues most particularly influenced by the application of certain morbid poisons are not yet sufficiently distinguished; and the changes of organization which these tissues undergo, form a subject of enquiry as interesting as it is important.

Inoculators of the vaccine virus are in the habit of observing the irregularities which take place in the progress of the pock, if at any stage its structure be materially injured. The object of vaccination may have been more often frustrated by accidental injury than would perhaps be generally allowed. Having watched with some attention the minute structure of the pock, in its various stages, I shall take this opportunity of

illustrating the kind of investigation which is necessary in inquiries into the local changes of organization, induced by the inoculation of morbid poisons.

My friend, Dr. Macartney, whose well-known zeal for the improvement of science is beyond all praise, has made an admirable attempt to classify diseases of the skin according to a natural arrangement. In the diseases which he places under the term *varicodes*, the first specific change of structure is in the cellular tissue which surrounds the villi of the true skin; this texture interposes itself between the cutis and cuticle, and obtains the name of rete mucosum. If a pock be observed in its earliest stage, there is perceived a few blood-vessels determining to a central point, and a pimple results, which has a hard feeling under the finger. Mr. Cross observes, "that in twenty-four hours this pimple increases so as to prove an acuminate vesicle." (See Cross's *Hist. of the Varioloid Epidemic*, &c. page 135). The acuminations disappear, and about the fourth day the centre of the eruption is depressed, for a cellular arrangement obtains, which having been pointed out by Dr. Macartney to Mr. Cross, was by him likened to "the axis spokes, and circumference of a wheel," (page 136). These cells are formed by the attachment of the central portion of membrane to an inflamed part of the villous surface of the true skin, and they are filled by a fluid, which is at first limpid, but which in time becomes less transparent, distending the pock, and giving it somewhat the appearance of a portion of a white currant. On the sixth day the central indentation disappears, the fluid of the cells becomes inspissated and glutinous; the villi of the cutis, which had been embraced by the delicate cellular membrane, inflame, and about the eighth day pour out pus. The wheel-like organization is now gone, for the cells have been consolidated by the agglutination of their contained fluid, and they form the upper covering—the membranous dome of a small abscess, the floor of which is a highly inflamed tuft of cutis.

There is a tendency in severe cases of small-pox for this villous tuft to die; it may in time form the slough described as distinctive of the small-pox pustule. If it should not die, a recovery of the part takes place, and no cicatrix is

left: when it dies, a slough is thrown off, the consequence of which is a puckering of the skin; the loss of substance always leaving a very irregular-shaped scar, having a tail-like extremity, a distinction by which the small-pox cicatrix is known.

In the small-pox which occurs after vaccination, it is not uncommon, about the fifth day, to find the eruption converted into small horny buttons; for the villi have not been highly inflamed. They soon recover themselves, but the cellular structure, having been amply filled with a glutinous lymph, is left in a hard and darkened state; it is tough, and remains for days without much apparent change, for the diseased action having been mild, and not attended by energetic inflammation, the absorption of these hard buttons is very slow.

In the scabbing stage of the cow-pock the regularly agglutinating process is easily observed. The cells become gradually consolidated; for the fluid thickens, becomes hard, and at last a scab is formed, beneath which ulceration has removed a small portion of the villi of the cutis, and has left the slight mark peculiar to a mild and uninjured progress of the pock.

In the diseases of this nature, in which the constitutional irritation precedes the specific organization, there would seem to be no period at which its approach could be arrested. Considerable danger occasionally attends an attack of variolous fever, even in persons who have previously been perfectly vaccinated. I have known several cases in which death has taken place on the third day of the febrile action, the patient having been at that period covered with petechiæ, instead of the pimples which should have appeared.

In the inoculated cow-pock, the constitutional irritation cannot precede the specific change of structure; and in some cases it is very difficult to say when the constitutional influence has been established. Experiments have not yet decided whether the extirpation of the newly-organized structure would check the advance of the disease.

We know nothing clearly of the change of organization which takes place at various periods in the part inoculated with the hydrophobic poison. The following detail, put together from information afforded by Mr. King's journal, will shew that the investigation

of the point has not been wholly unattended to.

On the 12th March, 1807, Dr. Beddoes and Dr. Stock accompanied Mr. King to the village of Weston, near Bath, for the purpose of seeing a rabid cow, that was shut up in a barn at Farmer Wintle's. They observed the animal from an open window above its reach, and opposite to them was a strong barricade, about seven feet high, which divided that part from the rest of the barn. The space of the floor thus partitioned, in which the cow was placed, was about 20 feet by 14. She was excessively furious, and bellowed very loud; frequently attempted to leap over the bar, and several times nearly succeeded. Sometimes she ran with violence against the wall, and fell down in convulsions. A wooden block was let down from the window, at which she ran with great fury, and tossed it about. A bucket of water was similarly let down, but before it came to the ground she plunged at it and overturned it. Upon the water being splashed about, she fell into violent convulsions. Her eyes were much blood-shot.

Mr. King observed her for about two hours, and at one time she was seen attempting to eat a little hay; but it was soon vomited again, and she then voided a small quantity of black hard dung, to which she turned round, and in a short time ate it up.

The author of the article Dog, in Rees's Cyclopædia, mentions that some dogs affected with rabies will eat their own excrement, and lap their own urine. Rabid dogs are said not to evince any dread of water. It must be remarked that this cow exhibited the hydrophobic symptom; and within three or four months of the period at which she had this disease, in all that part of Gloucestershire lying northward between Bath and Bristol, the villages of Pucklechurch, Syston, &c. a very unusual number of such cases had occurred among cows, horses, and other animals.

Farmer Wintle informed Mr. King, that about two months before several rabid dogs had passed through the field in which his cow was placed, but they had not been observed to bite her. She had calved about a month before this time. It was on the 8th of March that she had been perceived to be different from her usual way. In the evening she was very unruly, and frightened the

woman who went to milk her. On the following morning she quietly submitted to be milked: in the evening of that day she foamed at the mouth, ran about in a very wild manner, and rushed at people with her mouth open, as if to bite. She was then confined in the barn.

Mr. King was desirous of trying an experiment with the saliva of this cow, and, accordingly, in one of the attempts she made to leap over the barricade, her head projecting over it, he succeeded in obtaining on his hands an immense volume of foam which was discharged from her mouth*. He had made two incisions under the wings of a common barn-door hen, quite through the integument, the lancet scratching the muscular part. The foam immediately taken from the cow's mouth was inserted, by rubbing, into these cuts. The fowl was confined in a basket, her head projecting through an aperture; she was secured in such a manner as to prevent her from pecking at the incisions; and thus the bird was sent to Dowry Square, in Dr. Beddoes' carriage. The next day this fowl was let loose, among others, in a poultry-yard at Mr. King's residence. On examining it from time to time, the incisions were found to be soon healed, and their place could with difficulty be discovered. The habits of this fowl appeared to be exactly like those of the rest. On the 25th May, however, she was observed to run at the other fowls, and she refused her food. She had a wild, strange expression, and her eyes were blood-shot. Early in the following day, her legs became contracted, so that she very soon lost the power of standing upright. She remained sitting, with the legs rigid, a long time, refusing food and water, and appearing very irri-

table when touched. She died in the evening, immediately after readily drinking a large quantity of water, which had been offered to her.

Early on the morning of the 27th of May, this fowl was examined by Dr. Macartney. The inoculated parts appeared recently inflamed. There was great vascularity about the cicatrices, which exhibited three small tumors, each about the size and shape of a compressed pea, the vessels of which were turgid with blood. At the time of the inoculation, Mr. King observed no injected appearance about the parts, nor was such apparent when the bird had been examined at any subsequent period. The trachia and œsophagus were considerably inflamed, and the vessels of the brain were distended with blood.

A question which naturally occurs, upon the consideration of these tumors, is, can there be a specific character in the change of organization which appears at the cicatrix of inoculation with rabid poison?

In the year 1822, the sister of one of my servants having been attacked with hydrophobia, was sent by me to the Middlesex Hospital. She had been bitten by a little dog in the hand, about six weeks previously. After exhibiting the usual train of distressing symptoms, unrelieved by the exhibition of very large doses of opium, she died. I could not conveniently attend the examination of the body, but I requested my late friend, Mr. Shaw, to pay particular attention to the state of the cicatrix in the hand; and his observation to me afterwards was, that there appeared to be much vascularity about the spot: not having, however, turned his attention to the post mortem state of scars left by lacerated wounds, he was unable to say whether the degree of vascularity was unusual, or whether there was present in the part a structure which could be called specific. Additional and more minute observations are, therefore, wanting, to establish whether hydrophobia be or be not accompanied by a specific organization of the inoculated part.

London, May 1828.

* This cow died on the night of the 12th March, and on the 14th was brought to Mr. King's house, in Dowry Square, where he dissected it on the 15th. The brain and spinal marrow were very soft: they were not at all inflamed: the tongue, as far as the root, was natural. The whole surface of the fauces, pharynx, larynx, and mucous membrane of the trachea, was of a dark colour, and in appearance resembled brownish crimson velvet. The pleura costalis, to within two ribs of the diaphragm, was of the same tint: in parts it was putrid. The pericardium was full of a dark-coloured fluid. The cavities of the heart were distended with dark grumous blood. The diaphragm and stomach were healthy. The liver was small, pale, and shrivelled. No bile was perceivable in the small intestines. The spleen was very dark, flabby, and full of grumous blood. The kidneys were in a putrid state. The rest of the abdominal viscera appeared healthy.

ANATOMICAL PREPARATIONS.

On the use of Oxalic Acid in aqueous solution as a preservative for Anatomical Preparations.

To the Editor of the London Medical Gazette.

SIR,

HAVING repeatedly employed the various means hitherto recommended for the preservation of anatomical preparations in the humid way, and been frequently disappointed by perceiving the different colours of the several parts, so beautiful and distinct in the recent state, quickly fade into an almost uniform paleness, I have been induced to institute experiments on many other substances allowed to possess antiseptic properties, with a view to obviate the above imperfection.

It is unnecessary to enumerate the failures I might instance; I shall be more than recompensed for my trouble, should my endeavours prove satisfactory upon further experience; and with this intention, I beg to recommend a solution of the oxalic acid in pure water, (in the proportion of one scruple of the former to an ounce of the latter) as far superior to any other menstruum with which I am at present acquainted. The muscular parts are as distinctly marked after a month's immersion as on the first day; while the solution continues perfectly limpid, unstained by any colouring matter. Its antiseptic properties are undoubted, for after a month's trial no sign of decomposition or putrescency could be detected. I have not had any opportunity of experiments with morbid structure.

The subject to be preserved should be carefully cleared in the first instance of all its superfluous parts, and all necessary dissections should be performed; the free blood, and all impurities carefully removed; in doing which, all washing, with plain water, and more especially spirits, must be avoided if possible, as they tend to render the muscular parts pale. If washing is necessary, a little of the solution may be used: it should be then immersed for about two hours in some of the solution, whence it is to be transferred to the glass or stone-ware jar, in which it is intended to remain until finally put up.

All contact with metallic matters must

be prevented, as they, especially iron, become rapidly oxidized by the acid, and would, consequently, discolour the whole; for which reason all dissections are recommended to precede the use of the acid.

The portions employed in cleaning, &c. may be set by for future occasions; but the cheapness of the material can hardly be supposed to render this degree of economy necessary.

The peculiar property which sugar possesses, of preserving both animal and vegetable substances without materially impairing their colours, induced me to try this acid. Some experiments on its applicability to the preservation of articles of food, are in progress. I apprehend but little danger from the small quantity of the acid which may be inseparable on washing, any more than from nitre when similarly employed, if the sour taste can be got rid of or covered.

J. M'DONNELL, M.D.

Asst-Surgeon, 55th Regt.

PARISIAN NEWS.

Choice of an Hospital Surgeon—Amputation at the Hip-Joint—Delpech—Larrey—Magendie—Seven persons poisoned with Prussic Acid at the Bicêtre.

To the Editor of the London Medical Gazette.

Paris, May 20.

SIR,

IF our medical examinations in England be too superficial, I really do not think that any one can bring a similar charge against our Gallic neighbours. The *concours publique*, for the election of an hospital surgeon, which I described in my last letter, has had several meetings, and the candidates continue at each heat to struggle most keenly for the mastery. Two of them, as I mentioned before, *broke down*, and the number being thus reduced to nine, they were formed into one set instead of two, as formerly. They have been subjected to a second and third oral examination. Examination, perhaps, is not a correct expression, as they are not questioned; but a subject is given them, on which they deliver a kind of extemporaneous lecture—twenty minutes being allowed for reflection, and a like period for speaking. On the present occasion the question

was, "The high operation for the stone, and *lithotritie*—to describe the advantages and disadvantages of each." The candidates were then called in separately, and spoke in succession; a few well, others indifferently, and some badly enough.

The next part of the ceremony consisted in drawing by lot subjects for a thesis. About a week is allowed to compose this, and they are then called upon to defend their opinions in public. The subjects drawn by the nine candidates were—dislocation in general, and that of the hip in particular—partial amputation of the foot—fractures of the scull—fistula lachrymalis—amputation, the cases in which it ought to be performed, and those in which it ought to be avoided—the Cæsarean section and division of the symphysis pubis—strictures of the urethra—gun-shot wounds—and, lastly, diseases and injuries of the spinal column. Excellent matter, you will allow, for dissertations; but I presume the judges must have made up their minds beforehand about the merits of the candidates, as, the subject of each thesis being different, renders it impossible to institute any accurate comparison. I shall return to this subject when the business has been completed.

DELPECH, the celebrated surgeon of Montpellier, has been here lately, and I was very much gratified at witnessing a discussion at the Académie Royale de Médecine, in which he took part. M. Delpech communicated to the Society the following interesting facts:—

In June 1823, a young man came to the hospital of Montpellier, with numerous fistulous openings in the thigh, some of them leading down to the bone, of which the probe detected several loose portions, and some fragments had been evacuated with the discharge. It was manifestly a case of necrosis of the femur. The repeated attacks of inflammation in different parts of the limb had given to it a degree of lardaceous density (*densité lardacée* were M. Delpech's words). It was impossible to amputate in the course of the thigh, from the necrosis having extended so high up; but the hip joint remaining sound, it was resolved to remove the limb by its disarticulation, notwithstanding the great enlargement of the surrounding soft parts, as the narrator had found, by experience, that such tumefactions speedily

disappear when their exciting cause has been removed.

The crural artery was tied in the first place by means of a thread passed through the groove of a catheter, the point of which had been insinuated between the artery and vein. Instead, however, of making two flaps, as has been usual (one external and the other internal), M. Delpech resolved to make only one large flap, and that on the inside: this flap he proposed bringing from within outwards, so as to make it cover the articular cavity with a thick cushion of muscle.

This plan was but incompletely executed: the inner flap was formed of the proposed length and thickness, by turning the knife at an early stage of the operation from within backwards, so as to take in the most fleshy part of the thigh. The limb was placed in a state of artificial abduction, and the capsular ligament was pierced, and then divided on the head of the bone through the half of its circumference. There was rather brisk hæmorrhage at this time, which, however, was suppressed by tying one artery. The thigh being now turned inwards, in place of cutting in a curved line nearly parallel to the upper or iliac edge of the buttock, the muscles of which would thus have been divided about their middle, and the formation of an external flap avoided, the knife was directed obliquely downwards, by which a small external flap also was made. The capsule was then divided through the rest of its circumference on the head of the bone, and the limb completely removed. Two more ligatures were necessary. The only thing remaining to be done was to promote the immediate union of the two flaps, as the patient could not probably have borne the suppuration of such an immense extent of surface. The extreme density of the inner flap rendered it very difficult to make it fold outwards, to effect which required both perseverance and some degree of force. Numerous points of interrupted suture, including the skin only, brought the edges exactly together; but the surgeon had the mortification to perceive that the line of junction crossed the external edge of the acetabulum, where the covering over the joint was not sufficiently thick. Compresses and bandages were applied, so as to keep the flap in its proper position. Next day the dressings required to be changed, in consequence of the

abundance of serous discharge, by which, however, the swelling of the parts was diminished, and union by the first intention took place, except at the spot over the edge of the articular cavity above-mentioned. Here a sero-sanguinolent discharge came on, followed by suppuration of a healthy character, which gradually diminished, and at the end of thirty days the cure was complete. At present this patient, whom M. Delpech exhibited to the meeting, appears to enjoy perfect health, and even walks tolerably, by means of a wooden leg.

The second operation was performed in 1824, and precisely on the plan above-mentioned, no difficulty having been experienced in forming the flap in the manner intended. The patient had suffered from an old ununited fracture at the upper part of the femur. Unfortunately he would not submit to the operation till his life had become endangered by abdominal inflammation. The operation perfectly succeeded; the adaptation of the flap to the other parts was complete, and the wound healed perfectly in 20 days, without any suppuration. The patient died eight months after, and the dissection of the stump shewed the articular cavity filled with the soft parts constituting the inner surface of the flap; cellular membrane, of considerable density, formed the medium of union between the joint and the parts covering it.

After giving these details, M. Delpech went on to explain the motives by which he had been guided. Premising the ligation of the artery he thought necessary, on account of the little dependence that can be placed in compression, for arresting the hæmorrhage;—the suture he used, because he has not found it hurtful—provided the skin only be included. But what he chiefly dwelt upon, was the advantage of not making an external flap; because the tendons which are then involved unite less readily with the parts to which they are applied, and are much more disposed to suppurate than the muscular fibres. He regards it as of great moment to cover the cavity of the joint well with a thick envelope of soft parts. This precaution, indeed, he regards as mainly contributing to prevent suppuration.

Whether this method may possess all the advantages attributed to it by M. Delpech, I am unable to say; but the impression he produced upon the mem-

bers of the Academy was obviously of the most favourable nature. Indeed it is difficult to imagine any one more calculated to carry his hearers along with him, owing to the clearness of his ideas, the elegance of his diction, and the gracefulness of his manner. He spoke for nearly an hour, without a single repetition or the slightest hesitation; and when, in the course of the discussion, he was called upon to reply, it became apparent that his eloquence was not the result of study, as his extemporaneous speeches were in no respect inferior to his opening address. He is by far the best speaker I have heard here—nay, the only medical man I have met with who has any pretensions to eloquence; for the French, although abundantly ready in conversation, are generally incapable of any thing like a sustained harangue.

LARREY, — who, by the by, is remarkably like the portraits of Oliver Cromwell, — claimed for himself the priority in this method of operating, which, he said, he had described in his *Memoirs* nearly as M. Delpech had just done: the preliminary tying of the artery, the attempt at union by the first intention, the suture, and the internal flap—all these he had recommended,—but he also made an external flap. Now the peculiarity of M. Delpech's method, be it good or bad, consists in making but one flap, and therefore M. Le Baron's *but* is rather an important one. He invited M. Delpech to visit a man at the *Hôtel des Invalids*, who had been operated upon after his method at Waterloo. He alluded, I presume, to the French soldier on whom Mr. Guthrie performed this operation with success, and whom I saw soon after the operation, with a very good stump—if it can be properly so called where no stump is left. Larrey grows old, and is rather vain, though certainly a very zealous man in his profession. I remember him at Brussels, after the battle of Waterloo, where he was taken prisoner. He was walking through one of the many hospitals at that time filled with soldiers, when he observed an hospital-assistant dressing a wound not precisely in a manner he approved of. "Tell him," said he to some one present, "tell him that Baron Larrey is looking at him!"—"Tell Baron Larrey, he may be ——," was the ungracious reply of the young gentleman, whom

the Baron expected would have sunk under the rebuke.

But to return to the discussion. ROUX also spoke in favour of the double flap, and against the idea of the suppuration of the articular cavity being any source of danger; in proof of which he mentioned the operation of amputation at the shoulder-joint, in which the synovial surface is not found to produce troublesome suppuration.

To these remarks M. Delpech replied, that his object was not to enter into a complete history of the operation, but to bring before them two instances of the successful performance of a rare operation, and one deemed very hazardous—and at the same time to point out the means of avoiding what he considered to be one of the chief sources of danger.

MAGENDIE has been giving a course of lectures on practical or experimental physiology. We have nothing of this nature in England, and, indeed, I do not think it would answer. The only thing of the kind ever exhibited among us was by Magendie himself some years ago. He then performed a set of experiments in illustration of the functions of the brain and nerves, upon dogs, guinea pigs, and pigeons. But, I believe, there was a hue and cry raised by the Society for the Suppression of Cruelty to Animals. I remember, on one of these occasions, his slicing off half a dog's back, and laying bare the spinal marrow. The poor thing whined piteously—"Mais taisez, taisez donc," said Magendie; but still the dog whined as before. At last, looking up with the air of one who is going to say a good thing, he exclaimed, "Ah, ma foi, il n'entend pas Français!" Dr. Wilson Philip, who was present at these experiments, was observed to be much shocked.

It is the same kind of performance here—dogs, cats, and guinea pigs, are cut in pieces to illustrate what every one knows, or ought to know. In my mind, the most extraordinary part of this course is the *sang froid* of the lecturer—a most ingenious physiologist certainly, but too great a vivisectionist, and who has been the death of more animals than any man in Europe.

I see you have given an abstract of these lectures in the Gazette, and my object is merely to give you an idea of the manner in which the thing is con-

ducted. A guinea pig had part of the brain divided in a particular manner, the consequence of which was to make it turn round and round, involuntarily, and with considerable rapidity. One of the gentlemen, after the experiment was completed, and whilst another was going on, took the guinea pig, and was just in the act of dropping some prussic acid into its mouth, to dispatch it, when he was stopt by Magendie: "*Laissez, Monsieur, laissez,—il vivra encore huit jours!*"

You, Mr. Editor, whose attention must necessarily have been directed to such matters, will duly appreciate the advantages to science from leaving this unhappy creature to spin round like a tee-totum for a week. The very thought makes me too giddy to write.

VOYAGEUR.

P. S.—May 22. I have opened my letter to mention a shocking catastrophe which occurred at the Bicêtre a few days ago. It was resolved to try the effect of Prussic acid in epilepsy; in consequence of which, that medicine was ordered for fourteen individuals, in the following formula:

Decoction of Triticum, $\mathfrak{z}\text{iv}$.
Syrup of Prussic acid, $\mathfrak{z}\text{ss}$.

Seven of the patients took their medicine, two refused it, and one was fortunately prevented by the accession of an epileptic fit. By this time, the first patient was in convulsions, and, in a few minutes, *all the seven were dead*. In the syrup of M. Magendie, *five hundred parts* contain *four* only of the pure acid, and this was the preparation ordered; but, unfortunately, according to a formula in the *codex*, *nine* parts contain *one*—and this was the strength of the medicine used in this instance.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Pathological and Practical Researches on Diseases of the Brain and the Spinal Cord. By JOHN ABERCROMBIE, M.D. &c. &c. Edinburgh, 1828. 8vo. pp. 444.

A VARIETY of accidental circumstances, which it would be tedious to enumerate, have prevented us hitherto from noticing the present interesting volume; and

after the lapse of several months it appears nearly superfluous to do so at all, as we are certain that a large proportion of our readers have already seen the original work. Still we cannot willingly resign the opportunity of expressing the high sense which we entertain of the zeal, talents, and acquirements of the author, whose reputation as a successful investigator of the nature of many important diseases, must be well known to all our professional friends. The volume before us contains, in a more connected and extended form, the substance of several papers formerly published in the *Edinburgh Medical and Surgical Journal*. It is divided into four parts—the three first referring to diseases of the brain; the inflammatory, the apoplectic, and the organic: the fourth to the diseases of the spinal cord and its membranes, with an outline of the present state of our knowledge in regard to the pathology of the nerves.

Our limits will not permit of our giving any thing like a complete analysis of so extensive a series of researches, but we shall endeavour to give a slight sketch of some of the most interesting and important.

1.—Of the inflammatory affections of the brain. These vary considerably in their characters in different cases, according to the precise seat of the inflammation, the degree of its activity, and the mode of its termination. The inflammation may be seated in the dura mater, the pia mater, the arachnoid, the substance of the hemispheres, or the deep-seated central parts of the brain. It may vary from the highest degree of active inflammation to the lowest degree of scrofulous or chronic inflammation. The terminations may be,—serous effusion; deposition of false membrane; suppuration; or ramollissement of the cerebral substance.

The first section is taken up with a general view of the symptoms of inflammation of the brain. Dr. A. gives us five leading varieties, but it is unfortunate that the present state of our knowledge does not enable us to say with confidence which particular variety is diagnostic of the exact seat of the disease; although, as far as we know at present, this distinction is not of practical importance.

In all the forms there is great variety, and much observation is necessary to put us on our guard against the insi-

dious characters which many cases assume, and the deceitful appearances of amendment. This is particularly the case very often immediately before a fatal coma comes on, and the friends and the medical attendants even begin to flatter themselves that all danger is past. In many cases the usual symptoms of head affection are so little to be detected, that alarm is not created till the disease has made too great progress to be under the control of art.

It is important that this disorder often occurs as a symptomatic affection in the course of other diseases, such as continued fever—scarlatina—measles—hooping-cough—pneumonia—phthisis—and diseases of the kidneys. Dr. A. has presented us with a tabular view of the symptoms which in the course of any disease indicate a tendency to this dangerous affection; and as it comprehends a summary of the symptoms in general, we shall insert it at length.

In the Head.—Violent headache, with throbbing and giddiness; tinnitus; sense of weight and fulness; stupor; a great propensity to sleep. In many obscure and insidious cases, a constant feeling of giddiness is the only remarkable symptom.

In the Eye.—Impatience of light; unusual contraction or dilatation of the pupil; double vision; squinting; blindness; distortion of the eyes outwards; paralysis of the muscles of the eye-lids, producing, according to the muscle which is affected, either the shut or the gaping eye; transient attacks of blindness, or double vision; objects seen that do not exist; a long-sighted person suddenly recovering ordinary vision.

In the Ear.—Transient attacks of deafness; great noise in the ears; unusual acuteness of hearing.

In the Speech.—Indistinct or difficult articulation; unusual quickness of speech; or unusual slowness.

In the Pulse.—Slowness, and remarkable variations in frequency.

In the Mind.—High delirium; transient fits of incoherence; peculiar confusion of thought, and forgetfulness on particular topics.

In the Muscles.—Paralytic and convulsive affections; sometimes confined to one limb, or even part of a limb; and a state of rigid contraction of particular limbs.

In the Urine.—There frequently occurs a remarkable diminution of the

secretion, sometimes nearly amounting to complete suppression; and connected with this diminution there is often a frequent desire to pass urine, occasioned probably by the increased acrimony, as the quantity diminishes.

With all this, however, it must be remarked that minute attention to the correspondence of the symptoms is of more consequence than any one individual symptom. Amongst the different and curious varieties of the condition of the pupil, the author has observed several times cases in which the pupil absolutely became dilated on the approach of a bright light.

In the second section a review is taken of the several seats of inflammation (which we have enumerated above) and of the different terminations. The disease may be fatal in the inflammatory stage, whether it be seated in the membranes, especially the pia mater, or in the substance of the brain; more generally in the latter cases.

Effusion, as a termination, may result rapidly, as in the cases of acute hydrocephalus; or from another cause, namely, interruption in the venous circulation from tumors, or other chronic diseases in the brain or neighbourhood, and thus producing chronic hydrocephalus, as it has been called; and also serous apoplexy.

The serous effusion is found in the ventricles, under the arachnoid; betwixt that and the dura mater, and even betwixt the latter and the bone. Sometimes it is found in a cavity between the laminae of the septum lucidum. It has been found confined to one of the ventricles.

Deposition of false membrane, arising from inflammation of the membranous parts, may be found between the bone and the dura mater, or between the dura mater and the arachnoid; most commonly under the arachnoid; sometimes within the ventricles covering the surface of the choroid plexus; and frequently on the upper surface of the tentorium.

Pus is often poured out in these diseases, either under the arachnoid, betwixt that membrane and the dura mater, or betwixt the dura mater and the bone. Sometimes it is found in the ventricles, but most frequently of all in the substance of the brain; either in cysts, or diffused and mixed with broken down cerebral matters. Abscesses will often

occur in the cerebellum, and even small ones in the medulla oblongata, the pineal and pituitary glands, and in one instance in the corpus striatum.

Ramollissement, the peculiar softening down of the brain, may take place in any part of it; generally in the corpus callosum, fornix, and septum lucidum. Whilst Dr. Abercrombie formerly considered this ramollissement to be entirely the result of inflammation, M. Rostan and other French writers were of opinion that it was a disease *sui generis*. From subsequent observations, our author has been induced to consider that there are two varieties of this affection; one resulting from inflammation, the other from failure of the circulation from disease of the arteries; exactly as gangrene, a somewhat analogous affection, may arise from similarly different causes. In the former cases the pulpy state of the cerebral substance takes place in the more dense internal parts of the brain, and occurs chiefly in young vigorous subjects, and follows symptoms of inflammation. In the latter species, as described by M. Rostan, it is the external portion which is affected, the cases are nearly all of persons of very advanced age; and the accompanying symptoms are those of a paralytic or apoplectic kind, many of them protracted. M. Rostan also distinctly points out ossification of the arteries as a probable cause of his form of ramollissement. The reasoning of Dr. Abercrombie on this very interesting question, must, we think, be quite satisfactory; and reconciles in the most perfect manner the apparent discrepancies of pathologists, without in the least detracting from their meritorious labours.

Besides these terminations, there may be others of a more chronic form, as thickening of the membranes; contraction and obliteration of the sinuses; caries of the bones, &c.

In the 3d, 4th, 5th, and 6th sections, are numerous highly instructive cases of these different inflammatory affections, with their various terminations, comprising a great number of modifications, which it would be impossible to do more than advert to. The dura mater appears much less liable to idiopathic inflammation than the other membranes; it generally becomes affected from some disease in the neighbourhood, as caries of bone, disease of the ear, or the nose. In cases 4 and 5 there was a peculiar ob-

struction of the lateral sinuses, an affection hitherto but little noticed. The author takes in one view the inflammations of the arachnoid and pia mater, as being in general combined, and not tending to any important practical purpose to separate them. There is here, as in the other inflammatory diseases of the brain, no uniformity in the symptoms; but perhaps the most common form of attack is a sudden and long continued paroxysm of convulsion. Case 10 is one of very slight and obscure symptoms, with meningitis of unusually great extent. The following case is exactly the reverse; where the symptoms were remarkably severe, and the morbid appearances slight. Case 16 is an instance of a dangerous modification of the disease, shewing only increased vascularity, hitherto little attended to by writers, and very apt to be mistaken for mania or hysteria when in females; and in this way overlooked till it has been rapidly and unexpectedly fatal. The cause of death is obscure; it seems in general to be a sudden sinking of the vital powers, supervening upon the high excitement, without any of the actual results of inflammation. Dr. Abercrombie has noticed this peculiar disease in females principally, or in males of intemperate habits; it occasionally is found in connexion with acute rheumatism, and other inflammatory complaints; it also sometimes makes its attack in the puerperal state.

In all the cases given by the author of inflammation of the substance of the brain, there is much that is interesting, but unfortunately no general satisfactory conclusions can be drawn from them. As far as we yet know, the presence of certain symptoms does not necessarily indicate that certain morbid changes in certain parts of the brain have taken place. There is nothing which can lead us to a correct diagnosis. One circumstance which the author believes he has made out, may be mentioned, namely, that suppuration is usually found in the gray substance of the brain, and the ramollissement in the white.

In cases of real acute hydrocephalus, there is, according to the author, no necessity for the presence of effused serum. We often find serum effused when there has been no single symptom of hydrocephalus preceding it during life. When the inflammation attacks the membranes lining the ventricles, se-

rum and lymph are effused; but when, with precisely similar symptoms, the white matter forming the fornix, septum lucidum, and corpus callosum, are the parts inflamed, no effusion is found, but there is the ramollissement or pulpy degeneration. The two affections may be combined, and in fact are so in the majority of instances. There are three cases given where hydrocephalus supervened upon affections of the lungs; phthisis, for instance, where the pectoral symptoms ceased after those of the head were developed.

Where simple effusion only takes place, without any other morbid appearance, the symptoms preceding it are usually those of a chronic character, and the whole disease is exceedingly insidious.

At the same time numerous cases are on record of large watery collections in the brain, without any alarming symptoms resulting; consequently, it is the state of the brain previous to the effusion which gives rise to the symptoms, and not the effusion itself. This state of the brain Dr. A. believes to be inflammation, and consequently our remedies are to be directed to that point. The termination in ramollissement is much more to be dreaded than that in effusion, from what has been just stated, and particularly as there seems no good reason to believe but that the effused fluid may be again absorbed. Dr. Abercrombie believes, however, that we have no certain mark on which we can rely as indicating effusion to have taken place; all the usual symptoms supposed to prove its existence being found without the presence of serum. And even if the absorption should be brought about, still the disease causing the pouring out of the fluid remains, and consequently little good would be gained.

Of the causes of inflammatory affection of the brain, many elude our notice. It often comes on during the progress of other diseases, as measles, fevers, scarlatina, &c.; particularly as a sequela of the latter. It frequently follows blows and external injuries—suppressed evacuations, especially of the menses and urine: a scrofulous diathesis, intemperance, mental excitement, &c. are also predisposing causes.

In Dr. Abercrombie's practice the treatment of cerebral inflammation is simple, and the remedies few; every

thing, as he says, depending on the early employment of them. Blood-letting, general and local, active purgatives, and cold to the head, are the chief. Mercury he thinks of "doubtful reputation." Blisters, in the early stages, he rather objects to, but recommends them to the neck and spine in the latter stages. As a purgative, he prefers to most others, croton oil. For applying cold to the head he advises pounded ice; or, as still more powerful, a stream of cold water directed against the crown of the head for a considerable time*. Many cases are given to illustrate these plans of treatment.

[To be concluded in our next.]

Medical Guide to Paris. A Description of the Principal Hospitals of Paris, with some Account of the Practice of the most eminent Physicians and Surgeons attached to the different Hospitals. Translated from the French of F. S. RATIER, M.D. with considerable Additions by J. RUTHERFORD ALCOCK. London: Burgess & Hill.

ABOUT this season a good many of our younger brethren are in the habit of resorting to Paris, for the purpose of visiting the hospitals and medical schools. We remember that when we ourselves did so some years ago, we were much at a loss for some guide to direct us; and it is this recollection which induces us to insert a notice of the little volume at the head of this article. It consists of a short introductory explanation of the system of the Paris hospitals, followed by a description of each in particular, and of the medical men connected with it. Justice, and we believe not more than justice, is done to the excellent manner in which most of these institutions are regulated and conducted. In addition to the more general information, notes are given in illustration of the peculiarities in the practice of some of the most eminent physicians and surgeons. The work is a sketch merely—but it is a useful sketch; and forms the best letter of introduction to the Paris hospitals that a pupil, going to the French capital, can well take with him.

* "Under the operation, I have seen (says Dr. Abercrombie) a very strong man thrown, in a very few minutes, into a state approaching to asphyxia, who immediately before had been in the highest state of maniacal excitement, with morbid increase of strength, defeating every attempt of four or five men to hold him."

MEDICAL GAZETTE.

Saturday, June 7, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ADDRESS TO OUR READERS.

ARRIVED at the commencement of a second volume, perhaps we may be expected—at all events we hope we shall stand excused, for saying a very few words of our Journal and ourselves.

When we first ventured before the public, we described to our readers the ideal model which we had framed to ourselves of a periodical likely to prove successful; and although we have endeavoured to keep this in view, none can be more sensible than we ourselves are, how much the execution has fallen short of the design. In admitting this, however, we may be allowed to say, that we look back upon the short period of our literary career with feelings of much gratification: we persuade ourselves that we have produced a considerable *moral impression*. Let any one look back upon the state of the medical profession a few months ago, and compare it with the present—and we appeal to him whether a remarkable change has not taken place? Various causes have, no doubt, co-operated to produce this effect; but it is not too much to assert, that our repeated exposures of those who stirred up and kept alive the fermentation, have been of some use. We have fearlessly denounced that system of literary plunder and personal abuse which had degraded medical literature; and have opposed our sincere and earnest efforts against the tide of detraction which was so rapidly undermining the respectability of our profession. With a view to effect this, we have not hesitated to tear the mask from

the face of the impostor, and shewn him in his native hideousness.

“Vice is a monster of so frightful mien,
As to be hated needs but to be seen.”

In the early part of our career, it was necessary to expose the depravity of the agents, and injurious tendency of the system. These are now generally felt and acknowledged; and there are few so bold as verbally to approve, and still fewer so reckless of character as to countenance them by acknowledged contributions. So fully are we convinced of this, that we shall consider it as unnecessary to insist hereafter on the general character of the publication alluded to, and shall only crave the indulgence of our readers when any delinquency of more than usual atrocity calls for exposure and castigation.

When this Journal was first begun, the general impression seems to have been that no weekly publication could succeed against the one already established. They are “fast hastening towards dissolution, which shall not be retarded by any notice of our’s,” was the self-complacent language of our opponent. These hopes and fears are now at an end. The Gazette has progressively increased in circulation, and is, probably, as extensively known, and exercises as great an influence as any medical journal has ever obtained within the same period. We speak not in the language of boasting, but of truth; and though we cannot say, like a *modest* contemporary, that our paper is “the standard of medical science in the capital of the celestial empire*,” we have the satisfaction to know what is better, that there are very few medical men in this metropolis who do not read it; while it is already to be found in all the towns, and most of the villages, in the United Kingdom.

Another proof of our increasing reputation may be found in the number and value of our original contributions.

A philanthropist once said, that he who raised a blade of grass where none grew before, was a benefactor of mankind: so we request our readers to keep in mind, that he who records a single fact calculated to extend our knowledge, assist our judgment, and improve our practice, is a benefactor to his profession and to humanity. We beg to offer our grateful acknowledgments to those who have already stepped forward in so good a cause, and through us have favoured their brethren with the results of their experience; and we most earnestly solicit the continuance of their co-operation and assistance.

Of the series of papers which we have published, some might well have formed the materials of a separate volume; and we would suggest to those who are disposed to send us contributions, that the insertion of papers in the Gazette on any particular subject to which they may have devoted their attention, by no means precludes the authors from afterwards publishing them in a different form. So far otherwise, that some of those essays which we have already given, are severally intended to constitute the basis of a more elaborate work. On the other hand, the authors of medical papers, by allowing us to place them in the columns of the Gazette, secure to their communications an immediate circulation much more extensive than separate volumes usually obtain, without any risk, trouble, or expense to themselves; and, should they afterwards republish them, they do so with the advantage of having made the profession previously aware that the subject of which they treat has been the object of their particular study.

The papers which we intend to lay before our readers, in the early Numbers of the present volume, are selections from Dr. Chambers’s Lectures, beginning with those on Fever; Abstracts of the Lectures recently delivered at the College of Physicians, various Clinical Lectures on Surgery, and a se-

* See Lancet, May 24.

ries of Essays, giving a complete view of the history and treatment of venereal complaints, and originally intended for a separate work, by a gentleman whose opportunities of investigating these diseases have been very extensive, and whose attention has long been devoted to the subject. The other departments of our Journal will be conducted without much change, although we shall modify our plan to a certain extent, according to circumstances, or in compliance with the general wishes of our readers, when these can be ascertained.

We have received many letters containing advice and suggestions with respect to the management of our paper. These all shew an interest in the Journal, and desire for its success, for which we offer our warmest thanks. Our correspondents, however, may perhaps remember a letter from Mr. Brunel, thanking the public for the interest they took in his labours and his difficulties in constructing the Thames tunnel; and especially expressing his acknowledgments to an immense number of well-wishers who recommended plans for stopping the leak. Some of these consisted in methods which were impracticable; others in such as, if practised, would have been ruinous; and others, of methods which had already been adopted, and were in operation. In fact, few of these gentlemen were acquainted with the exact nature of the difficulties to be overcome. So we request our friends to believe, that if we do not adopt all the suggestions thrown out to us, it arises from no disrespect towards those who make them, but partly because we are frequently possessed of information which has not reached our correspondents, and therefore entertain opinions at variance with what is proposed, and partly because we remember to have read, in Æsop's Fables, a story of an old man and his ass—too trite to be repeated.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Fatal Accident—Bleeding.

On the 26th of May, at about 2, P. M. a boy was brought into the accident-ward upon a shutter, not actually dead, but evidently dying. We watched him as he lay upon the bed, and he had all the appearance of one who was dying from some great internal hæmorrhage. The lips were livid, the cheeks blanched, the whole body pale and cold; the pulse at the wrist to be felt, and that was all; the respiration not exactly difficult, but resembling a succession of half-drawn sighs. On taking off his clothes, all around observed with surprise that the arm was tied up, as if for bleeding; and on inquiry of the men who had brought the poor lad to the hospital, we ascertained the following particulars:—

He was taking care of a horse and gig in the neighbourhood of South Audley Street, when the horse ran off and knocked him down, the wheel of the gig passing over his body. At the same time it would seem that a lamp-post fell also, but whether upon the boy, was not ascertained. However, he was lifted up, and conveyed to a surgeon's, who, according to the account of the by-standers, instantly opened a vein in the arm, and, with great difficulty, contrived to abstract about six or seven ounces of blood. Whether the boy was the better for this we cannot pretend to say; but, at any rate, he was brought immediately afterwards to the hospital in the state of prostration which we have described, and in ten minutes after his arrival he expired.

Dissection.—Froth, tinged with arterial blood, was seen issuing from the nose; the surface of the body completely exsanguine. On opening the chest, the left cavity of the pleura was found to be filled with upwards of a quart of dark venous-looking blood. No fracture of the ribs—no rupture of the lungs could be discovered; but on passing the hand into the chest, the origin of the hæmorrhage was obvious enough, for the diaphragm on that side was rent across, whilst the spleen (literally torn into tatters) had been driven through this laceration of the diaphragm, and lay within the thorax. The stomach was in the abdomen, and unhurt; but

its connexions with the spleen, by means of the vasa brevia, were broken up, and blood effused very extensively beneath its peritoneal coat. The great splenic artery and vein appeared to be untouched, and were still attached to a little ragged portion of the spleen which remained in the abdomen. The other abdominal viscera were sound, but there was a considerable quantity of blood in the pelvis, and amongst the intestines.

On lifting up the liver, all were astonished to see a large slit in the vena cava, just where it passes through the tendinous opening of the diaphragm, and is joined by the great hepatic veins.

Some were induced to give the credit of this to the house-surgeon, but the greatest caution was observed in conducting the examination; and there cannot be the slightest doubt that it was a bonâ fide rupture of the vena cava, within an inch and a half of the right auricle of the heart. Nothing further of any consequence was noticed, but we may observe that whilst all this violence was effected within, scarcely a bruise existed on the surface.

We think it probable, that at the instant the wheel passed over the belly, the diaphragm was powerfully drawn downwards in inspiration, and the abdominal viscera thus subjected to extreme compression, in consequence of which the spleen was driven through the rigid and contracted diaphragm. That the violence with which the spleen was forced into the thorax was excessive, is abundantly evident from the complete *mash* in which it was, and indeed we do not believe it possible for the above injury to happen unless the diaphragm were in contraction at the time. The rupture of the cava is more difficult to explain, for it lies not in the muscular but tendinous opening, and is therefore comparatively free from the effects of compression.

As for the bleeding which was practised, it is difficult to conceive that there could have been the slightest indication for it, unless it were upon the principle that a boy had been run over, and therefore must be bled.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Injury of the Spine.—Fatal effect of moving the parts.

EDWARD KEMPE, a strong muscular

man, was admitted into St. Bartholomew's on Saturday, the 3d of May, at 8, P.M. On enquiry, the patient stated, that when standing on a ladder, painting a window at Pentonville chapel, the ladder suddenly broke, and he fell to the ground with his neck bent under him, his head first coming in contact with a tomb-stone. He was quite sensible as to the cause of the accident, but did not recollect being taken from the ground to his own home. The height from which he fell was about thirty feet. When admitted into the hospital he was sensible, and complained of great pain at the back part of his neck; his respiration was laborious, and performed solely by the diaphragm; the lower extremities were completely paralysed, and the muscular power of the upper extremities was greatly impaired.

Priapism, and all the symptoms which usually denote severe injury to the cervical portion of the spinal cord, were present. The irides were sensible to light; pulse scarcely perceptible, and irregular. There was a lacerated wound at the vertex of the head, and the cranium was denuded. Some warm brandy and water was given to him, and hot bottles were applied to his feet. He was placed on a bed, and strictly enjoined to keep his head perfectly quiet. At six the following morning he took a dose of calomel and jalap, and the water was drawn. At 10, his pulse having become quick, full, and hard, he was bled to the extent of ℥xij . which reduced his pulse, and rendered his skin cool and comfortable. At 11, a purgative enema was administered, which brought away several copious stools.

Mr. Earle first saw him soon after 12, at which time he was able to use his hands and arms with some power; his breathing was not difficult, though performed with the diaphragm; and no very alarming symptoms were present. He enjoined the strictest rest, and ordered one of his beds to be prepared for him. He remained sensible and quiet until 9, P.M. when he was desirous of being moved, and his request not being granted, he made a sudden effort to move himself, and instantly expired.

On examination, the cranium was denuded but not fractured. The spinous processes, together with the arch of the canal of the 4th and 5th cervical vertebræ, were fractured, but very slightly displaced. The body of the fourth cervical

was much comminuted and projected forward; the ligaments of the right articular process had given way so as to admit of subluxation. The membranes of the spinal marrow were not inflamed, and there was no considerable effusion of blood around them.

From the history of this case there was strong reason during life to suspect fracture of the cervical spine; and from the direction in which the force was applied, it was reasonable to suspect that the fracture extended to the body of the vertebræ. The patient appears to have suffered, in the first instance, from slight concussion of the brain, from which he had recovered when admitted; and from the amendment in the power of moving his arms, and the degree of sensibility which existed, Mr. Earle entertained hopes that he might have recovered. There can be no reasonable doubt but that his speedy exit was caused by the sudden and violent compression of the spinal marrow, in consequence of his efforts to move; the body of the 4th cervical vertebræ being so comminuted as to admit readily of such sudden compression.

ST. THOMAS'S HOSPITAL.

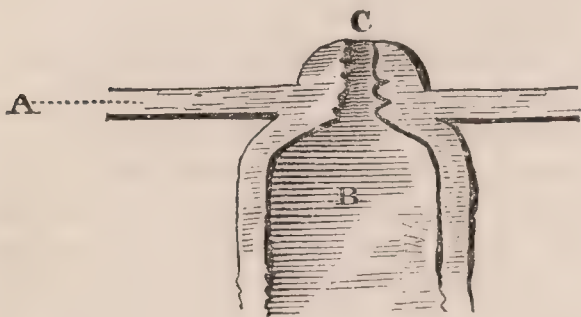
Case of Jaundice, from closure of the Mouth of the common Duct.

WILLIAM CRUMSTON, aged 40, a mechanic, was attacked, nearly two years since, with pains in the right hypochondrium, similar to those which attend the passage of a gall-stone; and soon afterwards, his skin became yellow and his stools clay-coloured. He was admitted into a parochial infirmary, and there being then no clear evidence of the cause of the disease, nor any precise indication of cure, (for the pains had ceased, and no gall-stones had come away,) it was conjectured that the jaundice might be occasioned by an adhesion of the sides of the biliary ducts, or by some tumor pressing upon them. Mercury and iodine were given, with the object of producing absorption of such obstruction. He was at one time kept for two months under the influence of mercury, and subsequently iodine was given, to the extent of a drachm of the tincture, two or three times daily. Under this treatment, his skin occasionally recovered almost its natural colour, but the stools never assumed a healthy appearance. No gall-

stones passed while he was in the infirmary. He came into this hospital six months ago. At that time he was in a state of great weakness; the skin was greenish-yellow, and the stools were clay-coloured. His appetite being very ravenous, as it had been for some time, he was allowed a larger quantity of animal food than constitutes the common house diet, and ordered to drink porter. The medical treatment was very similar to that which had previously been pursued; both mercury and iodine being given, but in smaller doses. The effect was nearly the same. The skin occasionally became almost white, but soon returned to its former colour, while the stools retained their unvarying whiteness. Two months before his death, the porter was left off, as he had a slight accession of fever. His appetite failing about the same time, he was put on house diet. A fortnight before his death, he became much worse: the skin, which had become nearly white, suddenly assumed a deep orange tint, which it retained till his death; his weakness increased, and he complained of pain affecting the whole of the abdomen, which appeared swelled. No change in the stools, until within two days of his death, when they all at once became fluid, copious, and nearly black. He had frequent evacuations of this kind until he expired.

Sectio Cadaveris.—All the viscera were found to be deeply tinged with bile. The coats of the vessels at the base of the brain, and even the membranes of that organ, were yellow. The gall-bladder was healthy in size and appearance, and contained about twenty small angular concretions, consisting almost entirely of cholesterine. The ductus cysticus was dilated, as was also the ductus hepaticus; but the greatest enlargement was seen in the ductus communis choledochus, which was nearly an inch in its transverse diameter, while its coats were almost as thick as those of the aorta. In fact, such was its size, that it was at first supposed to be the vena portæ, till, on cutting it, the bile flowing out discovered the mistake. In this stage of the dissection, nothing had been ascertained to account for the obstruction. It was plain that it must be at the very termination of the duct, as up to that point it continued dilated. At the very point where the ductus communis choledochus began to

pierce the coats of the duodenum, it suddenly became contracted, and the opening into the intestine would scarcely admit a goose-quill. Surrounding this opening, on the inner surface of the intestine, was a small nipple-like projection, much resembling, in form, the os uteri, where it juts out into the vagina, but, in size, not greater than the end of the little finger. The annexed rough sketch is meant to represent a section through this projection.



A—The coat of the duodenum.
B—The ductus communis coledochus.
C—Its termination.

It will be seen that the sides of the passage, as it pierced the mammillary projection, were ragged: they appeared, in fact, precisely as if ulcerated. The process itself consisted of a spongy texture of a dark purplish colour, mixed with small granules of a firmer consistency. The head of the pancreas, enlarged and considerably harder than natural, was adherent to the common duct. The liver appeared tolerably healthy; the spleen was of large size, and full of dark blood, and the intestines contained feculent matter, evidently mixed with bile. It appeared to those present, that a peculiar formation, surrounding the mouth of the duct, had been produced, by which the passage had been closed; that this closure had existed for many months—in short, until within two days of death; that, during this long period, the bile continuing to be secreted, had necessarily distended the ducts; that two days before death the passage had been reopened, either by ulceration or by the collection of bile behind bursting it open.

It is possible that the gall-stones were but a consequence of the stagnation of the bile in its receptacle, and that the head of the pancreas had no influence

on the disease, as the duct was dilated *below* the part on which it must have pressed.

Dr. Baillie, in his *Morbid Anatomy*, mentions two cases of closure of the termination of the duct, which occurred to Dr. Storer of Nottingham; but, from the way in which he speaks of them, it appears that he considered them as effects of the pressure of an enlarged pancreas; which the above case was not.

G.

MIDDLESEX HOSPITAL.

Condition of the Arteries in Gangrene of the Toes.

GEORGE COLBERT, ætat. 59, was admitted into the Middlesex hospital on the 22d of April: the great toe of either foot was mortified; the tongue covered with a dry brown crust; the pulse irregular: he was in the last stage of weakness and exhaustion; however, he rallied in some degree under the use of bark and ammonia, wine and porter, but he sank again, and died on the 22d of May.

Mr. Mayo examined the state of the blood-vessels in this patient after death, and pointed out the following appearances. The crural vein and artery on each side were in a perfectly natural state; the sheath of the posterior tibial vessels was unusually dense and thick, and not easily separable from the adjacent parts, in consequence of the deposition of coagulable lymph, around as well as in the substance of the sheath. The veins, upon opening the sheath, were found to be healthy, but the coats of the arteries appeared to be considerably thicker and firmer than ordinary; the thickening was confined to the outer coat, upon removing which the fibrous coat presented its usual appearances.

The preceding circumstances were observed to an equal extent in both legs; but it was remarkable that, whereas, on the right side, the posterior tibial artery was almost entirely obliterated below the middle of the left leg by firmly adherent coagulum contained within it, upon the left side the artery was pervious, and contained no clot throughout its whole length, which was carefully examined as far as the termination of the plantar arch. The heart was free from disease; there was calca-

rious and atheromatous deposit in the coats of the aorta.

Note respecting two individuals who cut their throats.

The bodies of two patients were examined on Monday, who had died, the one on Saturday, the other on Sunday morning; the one about 40, the other about 60 years of age. Both had been received into the hospital within 24 hours of their decease, immediately after inflicting wounds in the throat for the purpose of self-destruction. In each case the incision had been made in the front of the throat, between the thyroïd cartilage and the os hyoïdes; and in neither had any artery of importance, not even the thyroïd, been divided.

Mr. Mayo observed, that instances like the present are far from uncommon, in which death, after the attempt at suicide, proceeds not from the injury, but as a consequence of the previous phrenitic state of the patient. On examining the brain in each of these cases there was considerable effusion upon the surface, and in the ventricles; and it appeared a remarkable coincidence, that in both, the choroïd flexures contained numerous large hydatid-like cysts. In one brain there was a cyst, holding serum, as large as a hazel-nut, situated in the corpus striatum of the left side: this patient was described by those who brought him as having been subject to fits.

In one of the two cases the incision had penetrated the fauces, and had cut off the upper two-thirds of the epiglottis: the patient had, notwithstanding, been able to swallow with facility, scarcely any liquid being forced out, or coughing produced during deglutition.

PARIS HOSPITALS.

Method of treating an Abdominal Tumor, supposed to contain Hydatids.

A MAN, about 34 years of age, was recently admitted at the Hôtel Dieu, who, for the last 18 months, has complained of tumor in the situation of the liver, which increased very gradually, but at present occupies the whole of the right hypochondrium. Attentive examination shewed that it is connected with the liver. It is perfectly free from pain, even when pressed upon; has not produced

any derangement of the healthy functions of the part, and gives rise to no other inconvenience than that of preventing the man from pursuing his usual avocations. He has had advice from many different medical men, and has tried a great variety of internal and external remedies, to no purpose. It so happens that M. Recarnier, about a year ago, treated a tumor somewhat similar to this, which proved to contain hydatids; and as the means he then employed were perfectly successful, he determined to adopt them on the present occasion. The tumor in the present instance is, however, much larger than the former one; and, although some thought they could perceive that sort of crepitation which hydatids cause when pressed against each other, yet the diagnosis is by no means very clear. However, M. Recarnier proceeded, as in the former case, to puncture the tumor with a very fine trochar, in order to ascertain the nature of its contents. The fluid which flowed out, as had been anticipated, was limpid and colourless, and did not coagulate by heat. After having extracted a small quantity of this fluid, the puncture was carefully closed and healed; and a week after, when the tumor was again distended to its former size, the caustic potash was applied, so as to form an opening into the cavity of the cyst. In the former case, this method answered admirably, as great numbers of hydatids were extracted. A sufficient quantity of water was then injected, to fill the space they had occupied, in order to avoid the introduction of the air; the external wound was dressed in the usual manner, and the patient recovered rapidly. The object in applying caustic, rather than making an opening by incision, is to produce adhesions between the cyst and parietes of the abdomen, so as to form an uninterrupted canal from the tumor to the external parts.

Large Fibrous Tumor removed from the Uterus.

A woman, of from 50 to 60 years of age, of delicate health, and rather emaciated, had complained for a long time of pains in the loins, shooting down to the fundament and thighs; she had also occasional hæmorrhage from the vagina, proceeding from a tumor of the womb, which she had had for some years. She never had been pregnant. M. Dupuytren discovered, upon examination, a large, smooth, hard, round tumor, very moveable, which, together with its size, induced him to believe that it originated from the cellular tissue immediately beneath the mucous membrane of the uterus, but he was not able to discover either through the rectum, or by the vagina, whether or not it was affixed to that organ by a peduncle.

The woman being desirous of having an operation performed, was placed in the position for the operation of lithotomy: when

the labia were opened the tumor was perceptible: a pair of forceps were then introduced upon the finger, and the tumor was gently drawn downwards: the patient was recommended to assist this by making efforts to evacuate the bowels, and an assistant made pressure on the hypogastrium. When fairly drawn down, M. Dupuytren gave the first pair of forceps into the hands of an assistant, (retaining their hold of the tumor) whilst with a second pair he attempted to draw it entirely out, making pressure with his finger introduced into the anus, but the perinæum became so much distended as to make him fear that it would be ruptured. Seeing that the size of the tumor rendered this accident almost inevitable, M. Dupuytren determined to make an incision in its upper part by means of a button-pointed bistoury immediately: the efforts to draw it forth being renewed, it was entirely extracted: it was about the size of a new-born child's head, and was attached to the internal and posterior part of the neck of the uterus by a narrow stalk, which was cut with a pair of curved scissors.

A few spoonfuls of blood only were lost during the operation, which the patient bore admirably. At the instant when the tumor was removed there was a discharge of a few ounces of violet-coloured blood. On inspecting the tumor, which weighed about eight ounces, it was found to be covered with a very vascular mucous membrane; on removing this, a white and dense substance presented itself; its surface was covered here and there with slight ulcerations. The hæmorrhage had doubtless proceeded from the outer and very highly vascular membrane: the white substance, when cut into, appeared perfectly analagous to the structure of the inter-vertebral substance.

OMNIA.

WE hear that Mr. Lawrence has communicated to the Council of the College of Surgeons, through his friend Mr. S. Cooper, an offer to make a Catalogue of the Museum in six months.

It is said that Mr. Wardrop has applied to be made Professor to the College of Surgeons.

[We give both the above merely as *on dits.*]

Mr. Bennet has been appointed Demonstrator of Anatomy to the London University. He is about to go abroad, to purchase anatomical preparations.

We believe it is not finally decided that

Mr. Brookes's Museum shall be brought to the hammer, as stated a few days ago in the newspapers.

The Report of the Anatomical Committee has not yet been presented: Mr. Warburton has been in the country, which has probably caused the delay.

The following distribution of Mr. Green's prizes recently took place at St. Thomas's Hospital:—

Mr. WARD, for the best set of Hospital Reports, a *silver medal*.

Mr. DENNE, for the best Anatomical Preparations, a *silver medal*.

Mr. MARTIN, for the greatest Anatomical Knowledge, a *set of books*, in quarto, handsomely bound.

Mr. FERRON, Mr. DAVIS, and Mr. B. TRAVERS, are each to have a *set of books*, for their knowledge of the anatomy of the bones and muscles. They were examined three times without it being possible to decide that any one of them was superior to the other, and then cast lots for the prize, which was drawn by Mr. Ferron.

NOTICES.

Owing to the absence from town of the Gentleman who regulates the press, at the time the second sheet of last number was printing, it was not noticed that the case of Periodical Contraction of the Extremities, at page 805, had previously been published, though in a less complete form, in No. 18.

The lines on Mr. L. are not fit for insertion.

The account of the operation of tying the brachial artery, at St. Bartholomew's, ought to be substantiated by the signature of the writer.

"M. D." has been received.

An Abstract of a Lecture came to hand too late for insertion in the present number.

BOOKS RECEIVED FOR REVIEW.

A Treatise on Gout, Apoplexy, Paralysis, and Disorders of the Nervous System. By A. Rennie, Surgeon, &c.

Hints to Young Medical Officers of the Army on the Examination of Recruits, and the feigned Disabilities of Soldiers. By Henry Marshall, Surgeon to the Forces.

ERRATUM.

In our last number, p. 808, for "*cervex uteri*," read "*cervix uteri*."

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 28.]

SATURDAY, JUNE 14, 1827.

[VOL. II.]

ESSAYS ON SYPHILIS.

By JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

THE appearance of another publication on syphilis may demand some apology. It will, perhaps, be urged that the subject is exhausted—that pamphlets upon particular points of doctrine, and elaborate treatises, comprehending both the theory and practice in every form of the disease, have become so common, that nothing remains to be gathered by the industry of the most attentive gleaner in this field of inquiry.

In answer to such assertions, it may be suggested that the mass of information thus admitted to exist, is scattered through a vast variety of publications; that few writers are agreed as to the theory of the disease, or even respecting the practice to be adopted; that the late doctrine of the multiplicity of venereal poisons has materially contributed to unsettle the opinions of practitioners; and that the whole question remains at present in a state of doubt and uncertainty, which must be extremely perplexing to the younger members of the profession.

The essays now offered to the public are the result of much reading, and of an extensive experience in this class of complaints; and it is hoped that they may materially tend to save much of the valuable time of the student, by presenting to him, in one view, the result of the opinions of most of the principal writers on syphilis; by enabling him to form some conclusions as to the justice of the peculiar views entertained by Mr. Carmichael and others, as well as of those opinions respecting the non-

mercurial plan of treatment, advocated so freely in this country of late years.

It may be proper to observe, that the style adopted is necessarily plain and colloquial, having originally been delivered in the form of lectures; this will also account for the want of references to the various quotations, which, however, are faithfully given, and may be depended upon; finally, it is hoped that if these essays should be found to be free from any practical imperfections, and calculated, by the information they contain, to supply the student with a full and sufficient guide to the treatment of all the varied symptoms of the disease, the absence of all pretensions to fine writing will be pardoned.

South Audley-Street, 1st June, 1828.

It has often been remarked, that those who have been long engaged in any particular study or pursuit, are too much inclined to claim for the object of their choice, a greater degree of consequence than it really merits; and to expatiate upon its importance with a warmth of zeal that appears ridiculous in the estimation of the impartial or indifferent spectator. It must be my endeavour to avoid this common error; but that I consider the subject of syphilis as one of peculiar interest, demanding a greater share of attention than is usually bestowed upon it in the course of a surgical education, is sufficiently evident by my venturing once more before the public in the character of an author.

The veteran practitioner, fully aware of the extent and difficulty of the undertaking, may, perhaps, rather be dis-

posed to censure the temerity, than applaud the courage, of one who, fully sensible of the difficulties that surround the subject, has voluntarily imposed upon himself so arduous a task; whilst the tyro in surgery, who has, perhaps, imbibed the notion that the cure of syphilis is comprised in one simple precept (the administration of mercury), may be disposed to think that I am engaged in a most unnecessary and uncalled for pursuit. If, however, I should be so fortunate as to satisfy those whose experience and knowledge entitle them to judge of the merits or defects of my performance, it will, I trust, be no difficult matter to obviate the objections of the junior part of the profession. Never, surely, since syphilis became an object of professional inquiry, has there been a period when some positive and determinate doctrines were more imperatively called for, than the time in which we live. In proof of this assertion, I may ask the practitioner to take a survey of the present state of opinion, both public and professional, relative to this disease: scarcely can we find any two surgeons agreed as to the most simple points, either of its theory or practice. If we turn to the recorded opinions of modern writers, the confusion is not lessened: one teaches us that there are three or four venereal diseases; another, that scarcely any thing but pseudo-syphilis is now to be met with; a third goes a step farther, and asserts, that there is not now, and never has been, such a disease in existence, and that for upwards of three centuries we have been prescribing for a phantom of our imaginations; a fourth would fain persuade us that we have only been mistaken in our means of cure, and that mercury is not necessary for any form or symptom of the disease; whilst, of those who adhere to the old remedy, some are advocates for a thorough saturation of the constitution at all events, and at all hazards; whilst others think, that as an alterative, mercury may be admitted into the number of our auxiliaries, but that it is not to be relied upon alone: in short, if any one should seek for an illustration of the often quoted apothegm of the father of physic, that "art is long, and life is short," he cannot choose any more appropriate than the venereal disease, which, after the lapse of more than 350 years, appears to be less un-

derstood now than at any period since it became an object of inquiry and interest.

But if the theoretical views entertained respecting this class of diseases have so materially changed, it is no less certain that the practice has undergone, within the last 20 years, a most extraordinary revolution: that good may not eventually result from the conflict of opinions, it is far from my intention to deny, or even to doubt; but it is only very recently, indeed, that the enthusiasm of novelty appears to have expended itself, and that something like a rational and systematic line of conduct begins to be followed.

In adverting to the increased, and still increasing frequency of some of the secondary forms of the venereal disease, I must, however, be allowed to explain, that although these are unquestionably the result of the recent inquiries that have been made into the natural history of the disease; yet those who set the inquiries on foot are not responsible for the evils that have ensued. Those inquiries were commenced in the true spirit of philosophical research, and if they have been too implicitly or generally acted upon, the blame must attach to those who adopted the conclusions without due discrimination. Having once suffered their faith in the powers of mercury to be shaken, they lapsed into the opposite extreme, and became infidels at once with respect to the necessity of its employment. Such, indeed, is the nature of mankind; and it is not only in the science of medicine that we may look for an illustration of this truth.

If every field yielded fruit in proportion to the labour bestowed upon it, little, indeed, would remain to be done with respect to the venereal disease. A writer of the last century has told us, that in his day upwards of 400 Treatises had been written on this disease from the period of its first invasion; and I verily believe that the number has been more than doubled since. But when we come to look over this list, and to examine the share of merit belonging to each individual author, we shall find, that when we have rejected the dreams of superstition, the plagiarisms of some authors, and the perverse attachment to system of others, that the number of standard works will be very much reduced, and the stock of our actual

knowledge brought within a very narrow compass indeed.

I shall not consume any more time by prefatory remarks, but proceed at once to explain the course I intend to pursue in treating this subject. I shall first devote one or two essays to the remote history of the disease, and then take the modern doctrines into consideration: having disposed of this question, and stated my own opinions, I shall commence with the symptoms of gonorrhœa, and then go regularly through the primary and secondary symptoms of syphilis itself, together with the treatment best adapted to each form of the complaint. The name by which a disease is designated is not, perhaps, a matter of much importance; but it may be as well to observe, that I shall generally make use of the word syphilis, as denoting the primary affection; and apply to the constitutional symptoms the term of secondary syphilis; for although I may occasionally speak of the venereal disease, or lues venerea, for the sake of varying the expression, still this latter phrase appears to be too vague and general: the etymology of the word syphilis is indeed doubtful, and, after all, not very obvious; yet still it is pretty generally understood, and is liable to no misconception.

In examining into the history of syphilis, two questions have particularly attracted the attention of authors: the first relates to the antiquity of the disease—the second, to its origin. It may, perhaps, be thought by some, that this discussion is superfluous, and that it can have no other result than that of affording an opportunity of heaping quotation upon quotation, and obtaining for me the reputation of a little reading, at the expense of a great deal of time; but I trust that it will be admitted, upon reflection, that this inquiry is one of absolute necessity, tending to complete the character of the liberal-minded and well-informed practitioner, to whom no species of knowledge should be wanting—who should never be content until he is enabled to give a satisfactory solution to all suggestions or doubts that may arise in his mind upon this or any other subject on which he may be engaged. It is by means of this knowledge that he will be enabled to obviate objections, and to surmount difficulties; or to avoid the imputation of plagiarism, by fancying he is suggesting

something new, when, in fact, he is only relating or reviving what has been said or done a thousand times before.

The belief that the venereal disease was known long before the period usually assigned for its invasion, has of late been revived by a modern writer of great experience in the practical part of his subject, and whose labours have latterly made a great impression in this country. The view that this writer has taken of syphilitic complaints has rendered this belief almost a matter of necessity to him, since it smooths many of the difficulties, and explains most of the anomalies, that would otherwise encumber his path; it is, therefore, on this account also, more incumbent upon us to notice the historical part of the subject, and to give a glance at the evidence which is afforded to us by the ancient writers in support of this side of the question.

Of this evidence there are two kinds: that which we derive from the medical writers of antiquity, and that which is to be found in the works of the poets and philosophers of the same period; for I can scarcely suppose it to be necessary to do more than to allude to the opinion that has been broached more than once, that the diseases recorded in the Bible as having affected David and Job, as well that which is the object of some of the legal ordinances of Moses, were nothing less than lues venerea. Never, certainly, was there an assumption made upon more feeble grounds: it may have afforded some scope for critics and commentators to exercise their ingenuity, and to display their learning, but nothing can be elicited from these meagre and scattered passages that might not be as well applied to many other diseases, or that ought to arrest the attention of the candid inquirer for a moment.

Among the Pagan authorities we find, from certain passages in Hippocrates, Pliny, Celsus, &c., but more especially the latter, that ulcers, both on the male and female parts of generation, were not uncommonly met with; and Celsus, in particular, gives us many directions for their cure. But before I proceed to quote one or two of these passages, I must observe that there is no allusion whatever, in either of those writers, as to the diseases they mention being *solely* or *constantly* the product of impure connexion between

the sexes; still less do we find it asserted that their cure was attended with any particular difficulty, or that any after consequences resulted from them. Thus presenting us with a strong and marked line of distinction between these complaints and the venereal disease of modern times.

Hippocrates, in several separate portions of his writings, and particularly when describing the diseases of the female, mentions ulcers of the womb and of the pudenda, warts, swellings of the groin, &c. and he directs them to be cured by the most simple applications. On examining the writings of Celsus, we shall be much struck with the very precise and clear account which he has left us of several affections of the parts of generation; and here I cannot again help remarking, how impossible it would have been for this elegant and acute writer to have omitted noticing the sequelæ of the disease, had any such existed in his days. Neither ought we to be surprised, considering the debaucheries, the luxurious modes of living, and other concurrent causes which tend to produce disease in other parts of the dermoid system, that the parts of generation should have been occasionally liable, among the profligate and luxurious of those days, to breaches of surface, to eruptive diseases, and to inflammation and its consequences. In the 6th book of Celsus is to be found an excellent description of a phymosis, and the method of treating it; directions are also given as to the mode of curing the sores that shall be found underneath the prepuce, when the glans is denuded. Several distinct species of ulceration are detailed. He distinguishes tubercles or *φυματα*, from *φυμιον* or verrucula. Two kinds of cancer are also mentioned, to one of which he gives the name of phagedena; and he also speaks of rhagades or serpiginous ulcerations in the neighbourhood of the perinæum, and of condylomata or tumors about the anus, which he ascribes to the action of previous inflammation. I shall beg in this place to give you a translation of a passage from this author, which is no bad specimen of the surgery of the time in which he wrote, and which negatively at least may be considered as a pretty strong confirmation of the opinion I have ventured to pronounce, as to the total ignorance of this writer of any

after consequences arising from these ulcerations, which he otherwise could not have failed to allude to in this place:—

“Therefore if, in consequence of inflammation, the penis becomes swollen, and the prepuce cannot be drawn over the glans, it is to be fomented with warm water; but when the glans cannot be denuded, a syringe must be inserted between it and the prepuce, and the parts washed out: if then the prepuce gives way, the cure will be more expeditious. If, however, the swelling prevents this, a poultice of lentils, or horehound, or olive leaves, boiled in wine, to each of which a little honey may be added, may be applied, and the penis must be again bound up against the belly, a precaution necessary to be taken in every mode of treatment of that part; and the patient must also be abstemious, and content himself with water only to quench his thirst. The next day the same means of fomentation, &c. are to be repeated in the same manner, and then a little effort may be made to draw back the prepuce; if this cannot be done, it may be slightly opened with a scalpel, the discharge consequent upon which will diminish the swelling of the part, and the skin will be drawn back more easily. In whichever way this end is accomplished, ulcers will be found either in the inner part of the prepuce or on the glans, or even beyond it, on the penis itself, which are either clean or dry, or moist and purulent.”

The different methods adapted to the treatment of these various ulcers is then detailed; but in every variety the healing of the ulcer is evidently the completion of the cure, for neither in his chapter on diseases of the skin, nor in that in which he describes ulcers of the throat and nose, do we find the slightest insinuation of such symptoms being found in connexion with ulcerations of the sexual organs. The story told by the younger Pliny, in the 24th epistle of the 6th book, is scarcely deserving of being related at length: it evidently alludes to the destruction of the penis, and it was followed by the death of the sufferer, though his death was not immediately caused by the disease. This story adds no direct strength to our argument, it is true; but it may be observed, that the relation would have afforded an opportunity for the writer

to have descanted upon the disease and its consequences, had he heard of it, either in degree or kind, as we are accustomed to see it now. I might have extended this account by drawing your attention to a passage or two in Galen bearing upon this point; but the remarks I have already made upon what Hippocrates has said, apply with equal force to his commentator.

The evidences of the antiquity of the venereal disease which have been culled from the writings of the Pagan philosophers and poets, will next demand a little of our attention. The list of these authorities is certainly formidable, both in point of number, as well as from the reputation of the authors. We find included in this list the names of Herodotus, Tacitus, Suetonius; and still later, Eusebius, the ecclesiastical historian; and Palladius, the bishop of Helinopolis. Among the poets, Martial, Juvenal, Horace, and Ausonius, have each afforded some expressions which have been eagerly laid hold of by the supporters of this doctrine. After having enumerated this long list of great authorities, I need surely no longer insist upon the necessity of being acquainted with this branch of the subject; and how little should we be prepared to encounter an adversary armed with these learned and imposing names, unless we were in possession of the facts upon which the belief of the antiquity of syphilis is founded; but when once acquainted with them, very little explanation or argument will, I imagine, be necessary to point out the fallacy of the doctrine. For this purpose, I shall first mention what Herodotus relates concerning the spoliation of the temple of Venus Urania by the Scythians, when they invaded Palestine, on which account, says the historian, their descendants were afflicted with a disease which is called in the Latin tongue "*morbis fæmineus*," and which the best commentators suppose to have been really a gonorrhœa, or flow of semen, in the strict sense of the word, by which their testicles became wasted, and, in fact, they lost both the powers as well as the appearance of men. So that it is clear, if this mean any thing at all, at least it has no reference to the question at issue. Suetonius, in speaking of the Emperor Augustus, says, "*Corpore ipsum fuisse maculoso, dispersis per pectus et alvum, genitivis notis in modum*

et ordinem ac numerum stellarum cælestis Ursæ, sed et callis quibusdam ex prurigne corporis, assiduoque et vehemens strigilis usu plurifarum concretis, ad impetiginis formam."

The passage from the annals of Tacitus is still less to the purpose, for we are simply informed that the Emperor Tiberius, a man infamous for his debauchery, had, in his old age, a bald head, an ulcerated face, and was completely worn out and bent double. I have already alluded to the story told by Palladius, who informs us that a certain person named Hieron, much addicted to intemperance of all kinds, whilst at Alexandria, fell into the snares of a female performer at the theatre, with whom having sinned, he was visited by the divine wrath with an anthrax on the glans penis, which terminated in the loss of all the parts of generation; after which it appears that he recovered, and became a miracle of penitence and piety.

The case related by Eusebius is that of a man who had, in the secret parts of his body, an abscess and a fistulous ulcer, which proved to be incurable, breeding an infinite quantity of worms, and of a most fœtid and intolerable odour. Here the precise part affected is not even designated: the phrase is "*in mediis, occultiorum corporis partium locis*;" and may as well apply to a fistula in the perinæum, or in the scrotum, as to any disease else. No general bodily affection is hinted at, nor are we told that the complaint originated in any improper conduct upon the part of the patient. It will surely not be necessary to pursue this phantom any farther: whoever wishes to consider the arguments which have been drawn from the Roman poets, may consult the second Satire of Juvenal, the 37th Ode of the first book of Horace, the sixth book of Lucretius, and the first book of the Epigrams of Martial;—in these passages he will find abundant evidence of local disease, but not a word that can be construed into any similarity between those affections and the lamentable consequences attending the invasion of syphilis; consequences which might have afforded the finest scope to the satirists and the moral writers of antiquity, and which, in times comparatively modern, as Dr. Friend has justly remarked, has not been alluded to in the writings of either Dante or Boccaccio—

who were not a whit more likely than their predecessors to have suffered so fertile a subject to have escaped them.

[To be continued.]

PATHOLOGY OF THE BRAIN AND NERVOUS SYSTEM.

Abstract of the Croonian Lectures,

Delivered at the Royal College of Physicians,

BY DR. FRANCIS HAWKINS.

Lecture I.—May 14, 1828.

In the medical writings and conversations of the present day, there is no subject on which we are accustomed to dwell with greater complacency, and even exultation, than on the rapid progress which pathological knowledge has made in modern times. But, as often as the boast is uttered, it is checked by regret because the practice of medicine and the cure of disease have not kept pace with the improvements in pathology. Nay, some proceed further, and complain that constant attention to the effects of disease must have a tendency either to discourage our curative efforts or to draw off attention from the means of alleviating symptoms; since, they affirm, the best pathologists are often inefficient practitioners, or seldom at least fertile of expedients, or dexterous in the application of the resources of art. Hence a prejudice is in some minds raised against anatomical pathology, as if it were not only devoid of practical use, but even positively injurious.

It is needless, in this place, to refute a prejudice so groundless, or to shew that unless it can be proved that pathological studies have a direct and necessary tendency to impair the discharge of practical duties, all arguments against the extension of knowledge, to the utmost possible limits, which are drawn from the imperfections of ordinary minds, are of a narrow and illiberal character. Are we to reject the lights of science because a weak sight may be dazzled, or a diseased eye pained by their brightness? Still less can the fault be justly charged upon pathology, if through indolence or neglect we fail to apply the knowledge which she has

placed at our command. We often see that men who are chiefly intent upon the accumulation of wealth have neither the turn nor inclination to apply it to its proper uses; but it would be a contradiction to the very terms in which wealth is defined, to argue thence that wealth is useless. Let us not therefore fear that in collecting pathological facts we are hoarding up unprofitable possessions. If we derive not all the advantage which they might afford ourselves, our wiser and happier posterity will supply perhaps our deficiencies. Let it be our ambition to bequeath to the next generation a rich inheritance of accumulated knowledge; and thus endeavour to acquit the debt which we owe to the labours and observation of those who have gone before us.

The dispute which has been alluded to between professed pathologists and practical physicians is not unlike that which formerly prevailed between the rational and empirical sects of old. And now, as formerly, each party has thus much of truth on its side;—that the branch of knowledge which either advocates ought not to be neglected, nor yet to be cultivated to the exclusion of the other. It is possible that of late, whilst we have been engaged in examining the effects of disease, and reasoning upon the causes which must have operated to produce them, we have been less attentive to that most necessary, but somewhat more empirical part of medicine,—the study and observation of symptoms. The tendency of the times, and the voice of the public, have diverted us, perhaps, from the patient pursuit of clinical medicine. We know that of late the natural sciences have been largely cultivated and greatly improved, and a general taste for such pursuits has been diffused amongst all classes. In proportion as a larger induction of facts has given a more certain character to physical science, speculation and theory, however ingenious, have been discouraged, and demonstration has been called for in their stead. Hence, perhaps, discoveries in anatomy and physiology have accorded better with the disposition of the times, than the less showy possession of acquaintance with disease: and it has been sometimes thought that the credit of anatomical knowledge is a surer passport to public favour than even practical skill or great experience. The propensity also to over-rate the

importance of that which lies beyond their reach, and to undervalue that which they think they might possess, may lead men to entertain an undue estimate of the effects of anatomical knowledge. The nurse, they think, may understand the signs of disease; but it is the surgeon only who is minutely acquainted with the structure of the human frame. And here, as in other cases, the public opinion is a mixture of truth and error. The public can understand that anatomy must be the best, the only foundation for medical science; but they do not perhaps rightly appreciate the relation which it bears to practice. They overlook the many steps which intervene between the study and the application of anatomy. They are not aware that a man may be able to trace the nerves and arteries to their minutest ramifications, and yet be incapable of interpreting the phenomena of fever, or of distinguishing between irritation, congestion, inflammation; and still less competent to adapt the means of art to the treatment of individual cases. Even where the diagnosis might be supposed to be connected most nearly with anatomical knowledge, this has not always been sufficient: thus an abscess in the liver, which could not be detected by the tact of the anatomist, has been recognized at once by the experienced eye of an acute observer of symptoms. The students of the present day are doubtless right in withdrawing their confidence from the symptoms of nosologists, which are too artificial and too full of theory to be safe or efficient guides; but with them has perhaps declined the due attention to the signs and characters of disease. The good sense, however, of the public, which generally settles in the proper mean, will at length discover that the study of symptoms, the true department of the physician, is neither a mean nor an unprofitable employment; that it is the diligent acquisition of knowledge thus obtained which distinguishes the man of observation and experience from the theorist; and that in proportion to his proficiency in this department of science is the practitioner deserving of confidence, and worthy of being a guardian of the health of the community.

The remarks into which I have been led, (and for which I should apologize, as too familiar to the audience which I am

addressing) are far from being intended to detract from the infinite value of anatomical and physiological knowledge; of which we most of us possess too little, and none can ever comprehend too much. They relate only to an erroneous disregard in the public, and neglect in the student, if such in truth exist, of those higher studies, which, if either must be omitted, must be allowed to be even more necessary than the former.

It is clear, however, that the connexion of practice with the anatomy of morbid parts, is more close than with that of natural structure. Yet because the anatomy of the dissecting room must necessarily precede the examination of morbid parts, the difference between them is scarcely borne in mind by half-informed persons. But the well-informed know that it is through pathological anatomy that we must seek to obtain a more intimate knowledge of disease, and to understand the rationale of symptoms. For in what manner does nature require herself to be approached? Whether we are enquiring into the laws of life, or of gravitation; of those which govern animate or inanimate bodies, it still is necessary to ascend from effects to causes: and the laws of nature, in what are called her deviations, we find to be not less regular than when she proceeds in her more ordinary course. The physicians of the present day are certainly well aware of the importance of pathological knowledge, and are labouring in this department with the most distinguished zeal and diligence. Witness the works which they have published, and the museums which they have formed. It is needless to instance any publication, where so many are conspicuous, and impossible to enumerate the various pathological works which testify the great attention which physicians are paying to this pursuit. Amongst such helps to science the museum of the College will soon be deserving of a distinguished situation. It is formed in a manner to be especially serviceable, for with every specimen presented to it, care is taken to preserve a brief but sufficient record of the case. A collection destitute of this advantage is like an inscription written in an unknown tongue, of which a portion only can be decyphered by ingenious conjecture; but when the explanations are preserv-

ed, the language which it speaks is understood, and every part obtains its definite and appropriate meaning. The College, therefore, intends that its museum shall be at once a record of facts, and a mine for pathological research.

There is no part of pathology which has of late attracted more attention than that which relates to the brain and nerves. The anatomy and physiology of this system, which, on account of its complex and mysterious nature, had been less understood than those of any other parts of the animal economy, have been recently cultivated with extraordinary zeal and success. In our researches, therefore, into the pathology of these organs, we may now attempt that which was before impossible, to build upon the sure foundation of anatomical and physiological discoveries.

The Croonian lectures having been instituted for the purpose of illustrating either the muscular or the nervous system, I have chosen the latter for my subject, proposing to direct our attention, first, to the pathology of the brain and spinal cord; and afterwards, if our time should allow, to proceed to that of the nerves. And if we can succeed in connecting pathological facts, with a due attention to symptoms, we need not fear but that, sooner or later, some practical advantage will be derived from such enquiries.

Prefixed to the valuable series of engravings with which Mr. Herbert Mayo has illustrated the structure of the brain and spinal cord, there is a just and animated remark which may serve to encourage the labours of the anatomist, and to excite the hopes of the pathological enquirer. Mr. Mayo observes, with reference to Dr. Hooper's splendid work on the morbid anatomy of the brain, that it "shews how much may be done with the assistance of the rude anatomy which alone has hitherto been taught. And results even more important may be expected, when similar researches are conducted with that precision which necessarily follows upon a more exact and refined knowledge of natural structure." The expectation thus expressed, attaches additional interest to the researches, in themselves sufficiently interesting, which have recently engaged the attention of anatomists and experimental physiologists. And, upon this view of the subject, it would seem to be a natural introduction

to the enquiries into which it is proposed to enter, to consider briefly the discoveries already made, and the opinions at present entertained respecting the structure and uses of the different parts of the brain and nervous system. An account, therefore, of the existing state of our knowledge of this important subject, I shall endeavour to derive from the best and most recent authorities.

The popular theory and opinions promulgated under the name of phrenology, have doubtless had considerable influence in attracting notice to the anatomy and physiology of the brain; or at least in fixing attention upon the notion long entertained, but never so far pursued, that different portions of it are subservient to different functions. Similar views with respect to the nerves have recently received a signal confirmation in the splendid discovery, which has shed more light than any other upon the nervous system, of the distinct nature of the double roots of the spinal nerves, and of the individual nerves which rise from the medulla oblongata.

Drs. Gall and Spurzheim deserve the credit of having directed attention to the relative disposition of the white and grey matter in the brain; or at least of having maintained that the white matter is disposed as a medium of communication between masses of the grey or cineritious substance. The alternations of white and grey matter had indeed been already described and delineated by Willis, and by Vieq d'Azyr. [The plates of Willis, Vieq d'Azyr, and Gall and Spurzheim, were here exhibited.] And with respect to the office of the medullary part, as a medium of communication, a similar notion had been long ago entertained, and on it was founded the whole doctrine of the animal spirits. The animal spirits, says Willis, are generated in the cortical part, and the medullary part serves for their distribution. In support of this doctrine, he alleges, 1st, the superior vascularity of the cortical substance, in which he says, the animal spirits are secreted from the blood; 2dly, the similarity which exists between the medullary substance of the brain, and the medulla oblongata and spinalis; and further observes, that if a portion of the brain be gently scraped with a knife, an appearance is produced of certain striæ, which he calls "*tractus medullares, quasi totidem nervi*;" and at another time they are termed

“ *nervi intrinseci;—spirituum tum ductus communes, tum calles privati.*” But the description which he proceeds to give of these “paths of the spirits” was only in part founded upon observation: the rest was supplied by imagination, which was active in support of the hypothesis of the day: for in its recent state the brain does not admit of its fibres being traced and exhibited.

It is to Professor Reil, therefore, that we are indebted for discovering the genuine structure of the brain, and for inventing a method by which the connexions of its parts may be satisfactorily demonstrated. The method which Reil adopted consisted in hardening the brain and spinal marrow in alcohol, and then observing the manner in which the coagulated substance tears. We are indebted to Mr. Mayo for making known in this country the important observations of Reil, and for himself pursuing the same enquiries with a philosophical spirit of impartial investigation.

When the brain has been hardened in alcohol, it is seen to be of a fibrous structure; and this appearance is particularly evident in the white or medullary portion, which is observed to consist of threads or fibres similar to those of which nerves are composed; and these are disposed in a regular but curious and intricate manner. That the appearance thus produced results from the natural structure of the brain, and is not the mere effect of the agency of a coagulating menstruum; that it is not what the chemists might call a *product*, but rather an *educt* from its previous state, is proved by this circumstance, that if one brain be steeped in alcohol entire, and another after it has been cut into pieces, the corresponding portions are found to be resolved into fibres similarly disposed. Some traces, indeed, of this kind of structure may be observed in the white medullary matter even in its recent state; for in some parts, as in the anterior commissure of the brain, the fornix and anterior pyramids, it appears to be shaped into cords, bearing a resemblance to the softer nerves; but in this state their substance, as before mentioned, is not sufficiently firm to admit of their being distinctly separated, or traced to any considerable length. But when they have been hardened in the manner which has been described, the filaments of the white matter will be found to enter into or

issue from the other kind of substance or grey matter. And to this grey substance the greater number of the filaments of which the nerves are composed, may also be traced. Mr. Bauer asserts, that if a portion of brain, in the recent state, consisting both of cortical and medullary matter, be viewed with a high magnifier, the rows of globules pass without any interruption or change of direction from one part to the other. Since, then, the white medullary substance, in structure, appearance, and disposition of its fibres, so nearly resembles the nerves; and since these last have been proved to be organs for the transmission of impressions to or from what have been called their origin and termination, there is a strong presumption that the white medullary matter is also destined to convey an influence from one part of the nervous organs to another. And with respect to the spinal cord, this view of the subject has been confirmed by experiments performed on animals.

The lecturer here exhibited numerous preparations illustrating the structure of nerves, their ganglia, and plexuses. He proceeded to describe the origins of the nerves, as far as it has been found possible to trace their filaments into the grey matter. And he commented upon their functions and uses as far as they have hitherto been ascertained. To the credit of discovering the double nature of the spinal nerves, due chiefly to Mr. C. Bell, he observed, that “physiologists have advanced conflicting claims. And how full of such disputes is the history of inventions! It would seem that through the mutual intercourse and rumours that prevail in the scientific world, general attention is attracted at certain times to particular subjects. Thus the minds of many are intently turned at once towards the same quarter; and though occasionally some one may be possessed of further powers of vision than others, as Homer represents the Cretan king distinguishing the chariots returning from the race before the rest of the assembled Greeks; yet it not unfrequently happens that the same objects in the horizon of science are described about the same time by different individuals.”

Having shown the two portions of the 5th pair of nerves, the one which passes through the Gasserian ganglion, being a nerve of common sensibility; and the

other, which does not pass through the ganglion, being a nerve of muscular motion, the lecturer observed, that "the knowledge thus obtained of the sensitive nature of the larger portion of the 5th pair of nerves brings with it a plausible explanation of a distinction made upon high authority, that by far the most painful form of neuralgia, that which constitutes the true *tic douloureux*, is seated exclusively in the branches of this nerve, for we can see in its peculiar nature a reason why its affections should exceed those of any other nerves in severity of suffering."

With respect to the *par vagum*, it was observed that "from its mere distribution it appears to be the principal nervous instrument of respiration and digestion. And that it does possess an influence over those functions, is proved by injuries of these nerves and by experiments upon them. But what the degree of that influence may be, whether it be of a direct or indirect nature, is by no means certainly decided, although the division of the *par vagum* is perhaps the oldest physiological experiment of the kind ever performed, as well as the one most frequently repeated. Dr. Wilson Philip has however succeeded in shewing that its influence may in part, but only in part, be compensated for by the substitution of galvanic excitement." The ascertained effects resulting from the division of the *par vagum* were then briefly enumerated with the view to illustrate cases of disease, to be afterwards adduced, the pathology of which appeared to depend upon an affection of these nerves.

Of the 3d nerve it was mentioned that the experiments of Mr. Mayo have proved that it produces the habitual motions of the iris, in obedience to impressions communicated to the brain by the agency of the optic nerve.

A preparation was shewn exhibiting the complicated structure of the fibres which compose the optic nerves. Certain fibres were seen to be reflected from one optic nerve to the opposite; others again from one tractus opticus to the opposite; the outermost fibres of one tractus were seen to be continuous with the nerve of the same side; and another set were shewn passing obliquely across from one tractus opticus to the optic nerve of the opposite side. "Slender as these central oblique fibres appear to the view, they must evidently be of great

importance to the integrity of the functions of the nerve; for when the optic nerve of one side is injured, vision is destroyed in the eye of the opposite side; and on the contrary, division of one optic nerve causes the tubercle of the opposite side to waste. This curious structure displayed in the optic nerves, possesses a particular interest, inasmuch as it confirms the inference which the extreme sagacity of Dr. Wollaston enabled him to draw from reasoning alone. The paper which Dr. Wollaston has published in the *Philosophical Transactions*, on the semi-decussation of the optic nerves, besides its great philosophical ability, is interesting also in a pathological point of view, on account of the excellent history which it contains of the origin, continuance, and removal of a singular morbid phenomenon. The practical influence of exciting and depressing causes upon the brain and nervous system, receives from it a good illustration; for Dr. Wollaston relates that the morbid affection which he has described, arose in the first instance from over-fatigue, and ceased, together with the cause which had produced it. Upon its subsequent occurrence, when no obvious cause could be assigned for its return, it was suddenly and entirely removed by the excitement of agreeable news.

In consequence of some recent experiments, M. Magendie has contended that the first pair of nerves is not the proper organ of smell, but that this function belongs to branches of the 5th pair, because a certain sensibility to pungent odours is retained after the division of the first pair. But the spasm excited by such stimulants may be explained upon the supposition that acrid substances affect the common sensibility of the Schneiderian membrane, with which it is endowed, as well as all the neighbouring parts, by the branches of the 5th pair. In the same manner, after the division of the gustatory nerve, a sensation of heat is still excited by the application of warm spices to the tongue; and in this case the effect may be attributed to the agency of the glossopharyngeal nerve. So desirous indeed is M. Magendie of extending the functions of the 5th pair of nerves, and of finding them to be the organ not only of smell but of all the other senses, that he has lately put forth a notion that they are capable of transmitting the sensa-

tion of light to the brain, and of supplying the power of vision. The case on which he principally rests this opinion, is one in which the sense of sight was retained, as he says, through the agency of the 5th pair, because the optic nerves were nearly, not entirely, obliterated by a fibrous and osseous cyst. But it is impossible to say how slender a communication may be capable of continuing the functions of a nerve. There are cases upon record, in which the continuity of a nerve, or of the medulla spinalis, has been evidently preserved by a band of communication exceedingly small; and if there were any foundation for M. Magendie's opinion, the sense of sight ought to have been retained in some of those cases in which it has nevertheless been wholly destroyed by tumors pressing on the optic nerves, although the 5th pair continued perfect."

The remainder of this lecture was occupied with an account of the sympathetic nerves, and a general view of the nervous system.

[To be continued.]

INTRODUCTORY LECTURE ON MIDWIFERY.

By DR. BLUNDELL*.

ON Monday evening, June 2, Dr. Thos. Blundell delivered, at his house, Great Winchester-Street, Broad-Street, an introductory lecture to a course on the principles and practice of midwifery, and the diseases of women and children, of which the following is the substance:—

He commenced by saying, that he felt most sensibly the arduous and responsible nature of his undertaking, because of its vast importance, and the difficulty there was in the *oral* communication of practical knowledge; that in lectures upon any science, little more than the principles and facts tending to illustrate them could with advantage be dwelt upon; that he proposed not to captivate the minds of his hearers by propounding plausible hypotheses, or by indulging in ingenious speculation; but to convey instruction, to inform their understandings, and to submit to them such advice as should serve

to conduct them to safe conclusions, and to the adoption of efficient measures when engaged in the actual practice of their profession. He went on to say, that his intention was to present them in this lecture with a general view of the science, an exposition of its prominent features and principles, and to introduce some few historical remarks; and he observed this would be a candid and honourable way of meeting the attacks of those who reprobate the employment of male practitioners of midwifery. After making some remarks as to the mode of affording relief to women among barbarous nations, and having considered the effects of civilization upon mankind, and domestication upon animals, he concluded this part of his subject with the observation that association of the latter with the former, involves them in part of the malediction denounced upon the mother of all living, to whom it was said, in the language of Milton—

Thy sorrow I will greatly multiply
By thy conception: children thou shalt bring
In sorrow forth.

Having considered the origin and progress of the science, during which he glanced at the practice of the ancients, the result of which was the destruction of many lives that might otherwise have been saved by the modern operation of turning; "Who, then," he inquired, "will have the effrontery to deny the utility of the obstetric art? He answered none but the ignorant, the worthless, and the vile; those whose minds are so imbued with prejudice, as to leave them no power of judging; or those whose actuating principle provokes them to a steady persevering resolution not to speak the truth. It may well be said of them, 'Damnata quod non intelligunt'."

Having described natural labour, and the aberrations that may take place, he concluded by saying, "Thus, gentlemen, having brought to a close what I had to offer, and having presented to you such facts as appertain to our subject, and tend to its elucidation, it only remains for me now to express the high sense I entertain of the very flattering and great attention you have paid to my discourse. I could wish, when you consider what has been advanced, you would reflect upon the difficulty, as well as the importance of the subject. In other dissertations,

* We regret that we were not able to insert this article last week, the Number having been made up before it was received.—E.

where the auditory is not acquainted with the circumstances upon which they turn, the novelty of them engages its chief attention; but, in a topic so known and exhausted as the present, it has nothing to divert it from considering the style and manner of the lecturer, and he has a hard task to please his hearers, when the whole force of their criticism is solely directed to those single points. I would rather that the arrangement and connexions which I have employed be observed. A strong imagination and pompous expression will sometimes break out in the most unpolished; but regularity in the plan of a work, and propriety in the metaphors, are the distinguishing characteristics of an improved and correct genius. 'The shining and the elevated,' it has been remarked, 'are not always to be affected: as the shades in a picture shew the luminous parts to more advantage, so the plain and simple in speaking recommend and heighten the sublime.' But I observe I am speaking to many who are complete judges in these matters. I should rather beg of you to point out to me what you think requires correction; for if I should find you dislike some parts, I should be more inclined to believe that you approve of the rest. That I need correction, I feel assured: I entertain not the idea of perfection, but rather a conviction of my demerit. For when I survey this assembly—when I think of the excellence of the individuals who compose it—excellent not only in relation to society, but in the several departments of science to which for a long period they have been addicted, I am overwhelmed; but will, nevertheless, throw myself upon their forbearance and good feeling, convinced, indeed,

"Non ego paucis
Offendar maculis, quas aut incuria fudit
Aut humana parum cavit natura."

CASE OF DISEASED ANKLE,

With some Observations on Exercise.

BY A. COPLAND HUTCHISON, F.R.S. &c.

IN the Medical and Physical Journal for October last, page 305, the case of a young lady, with diseased ankle, occasioned by using too great exertion at her gymnastic exercises, and in dancing,

is detailed by Mr. Rose, of Park-place, with so much distinctness and candour, from the very commencement to its fatal termination, that I consider the public to be indebted to him for his having thus early called their attention to a growing evil in some schools as regards an excess of bodily exercise among the rising generation.

Gymnastic exercises in this country are, at present, too indiscriminately used by young people of both sexes, and in some instances they are carried to too great an excess; for, however much we may advocate the great advantages of good air and proper exercise as necessary to a robust state of the body, particularly during the period of youth, conjoined however to a due supply of animal food; yet every day's experience teaches us that the *degree* of exercise ought to be regulated according to the constitutional capability of the individual who is to be the subject of it.

On the other hand, I would ask the experienced physician or surgeon, what can be more unnatural, and consequently more injurious to health, than that the only exercise some young ladies are permitted to enjoy after their sedentary studies are over, should be that of walking round and round a green plot in a garden two and two like horses in a mill, and as stiff and upright, with tight laced stays, as if they were soldiers on parade, all attention to the orders of their commanding officer? This antiquated system of school discipline, with which my professional avocations have brought me in contact, is altogether wrong. It ought, and must be abandoned, for the more reasonable and wholesome plan of a well-regulated bodily exercise; at the same time we ought strictly to guard against an excess of it in weakly and delicate children.

In all cases of this nature parents should be made aware of the propriety of consulting their medical attendant when the child is sent to school, as to the degree of exercise of which the child is capable, both as regards gymnastics and dancing; and at each holiday time the same professional enquiry ought to be made.

Why is it that we so seldom meet with distortions of the spine among young women in the lower, and so much more of it among the higher ranks in life? The exemption in the former case is, because their dress admits of a much

freer exercise of the muscles that move the trunk of the body than in the latter class; and, also, because they are obliged from circumstances, and at a very early age, to move about and perform all sorts of domestic work, and by which, therefore, a greater degree of strength is given to such muscles as support the super-structure of the body. In the latter case such advantages are altogether wanting.

Again, let us but just glance at the comparative frequency of spinal disease among the male and female sex. The same cause operates here; for boys will not be restrained in their exercise after school hours, and hence it is that they are comparatively exempt from curvatures of the spine.

I shall now briefly relate the particulars of a case somewhat analogous to that detailed by Mr. Rose, as far, at least, as regards the seat and rapid march of the disease, and in which I felt great interest, for the patient was an only son.

On the 22d February last, master B. Fossett, aged 14, had been dancing at school with more than his usual spirit. The next day he walked between three and four miles, and, as far as I can learn, without any degree of lameness. On the evening of the 23d, he was teased with some degree of itching on the outer part of the left heel; 24th, a circumscribed red spot appeared precisely where the itching occurred; 26th, redness of the part increased; 27th, great pain, swelling, and inflammation; and on the 6th March, for the first time, I visited the young gentleman at Hendon. He was of a very lax and delicate fibre, and apparently of a strumous habit of body. His pulse was hectic, breathing quick; he had some cough, and his countenance was expressive of anxiety and anguish. The foot and ankle were considerably swelled, the toes drooped, and he had not any power to raise them. There was a small opening by the side of the tendo achilles and over the os calcis, through which considerable discharge issued. This was dilated with the bistoury, when, on examination with the probe, several of the bones of the foot and ankle were found to be carious.

On the 22d of March, a consultation was held at his father's house, in Mornington Place, whither the patient had been removed some days before; Sir

Astley Cooper and two physicians, friends of the family, having met me. It was there decided that I should remove the leg, below the knee, on the following day; Sir Astley remarking that he had seen one case do well after amputation, where there had been the same state of lungs and carious of the foot as in that before us. Forty drops of tinctura opii were administered to the patient on that evening, and the next day I removed the limb, without the loss of more than two or three ounces of blood, assisted by Mr. Chevalier and Mr. Wade; two other gentlemen being present.

On examining the state of the ankle after the removal of the limb, by forming a crucial incision of that which had been already made, I readily turned out, with my forefinger, the whole of the os calcis, in a carious state. The tendo achilles was quite detached from the bone, but at the place of its insertion it had a scabrous bony surface, as if, during life, it had been torn from its insertion: but this cannot possibly have been the case, as it appears, by all we can learn, that he walked so very far, without any lameness, on the following day after he had exerted himself so much and so unusually in dancing. Every bone of the tarsus, as well as the ends of the tibia and fibula, were in the same state as the os calcis, and not a vestige of periosteum or cartilage remained upon any of the bones forming the ankle-joint. Such destruction of parts, in so short a period of time, never before occurred in the long course of my practice.

During the first day or two after the operation, our little patient seemed to be doing tolerably well, notwithstanding that his pulse kept up. After this, however, his pulse somewhat increased in frequency, with his cough and breathing; which last continued to oppress him greatly until the 26th March, being the 4th day after the operation, when he died, the thigh and amputated stump being free from swelling or inflammation.

Before we conclude the remarks on this case, it is but proper to mention that the treatment, before I saw the patient, and subsequently, was such as is usual under similar circumstances—namely, perfect rest, leeches to the part, evaporating lotions, and, alternately, fomentations and poultices. The medical treatment was chiefly di-

rected to the establishment of a healthy action in the bowels and skin by the usual remedies, and the rapidity of the circulation was endeavoured to be arrested by the administration of digitalis.

8, Duchess-Street, Portland-Place,
28th May, 1828.

VACCINATION.

To the Editor of the London Medical Gazette.

SIR,

I AM induced to address you once more, not so much for the purpose of noticing Dr. Gregory's speculations as to draw attention to facts of real moment, which I take to have been absolutely established; and which, in truth, form altogether by far the most curious pathological problem that ever was demonstrated: I allude to the origin and history, literary as well as medical, of the variola, and the variolæ vaccinae. The surprising discovery of Jenner, though its value was acknowledged by all competent judges, did not, till lately, receive any satisfactory elucidation. No one could tell whence cow-pox originated, nor could any one say on what ground the permanency of its protecting power rested. We were almost equally ignorant as to many of those points on which it was necessary to give information to the public when anomalies or irregularities arose; or when the small-pox and cow-pox interfered with each other. I have seen, with a good deal of surprise, the indifference with which information on these momentous points (and on many others not less interesting) has been received by some of our brethren. They seem not to be aware that it has been proved that a fatal and pestilential small-pox has been known to affect cows, horses, and other animals, in many ages, and in various countries; that it has been traced into England, and into those other regions where the cow-pox has been found endemic; and that it is almost certain that this affection, as detected by Dr. Jenner, was the mild form of the more virulent disease that prevailed in the latter part of the last century. In confirmation of this opinion, the disease has been known to assume, even recently, in the dairies of Gloucestershire, a fatal character, the eruption spreading

all over the body, and destroying the animal*. From a multitude of facts of this kind, it has been rendered more than probable that the variolæ of man, and of the inferior animals, had one common origin.

It is impossible, on the present occasion, to do more than hint at these things, and to direct your readers to the source where they may collect ample information respecting them: I mean the "Life of Jenner," already referred to*. The trials made at Mocha (as stated in the Bombay Gazette, and more lately in your own publication) come with singular force to confirm the doctrines contained in Dr. Baron's work: they are, in truth, but corollaries from the facts stated by him, and are only repetitions of experiments performed many years ago. M. Viborg, Veterinary Professor at Copenhagen, succeeded in communicating the small-pox to dogs, apes, and swine. By experiments instituted likewise at the Royal Veterinary College at Berlin, it was proved that the human small-pox can be communicated to the cow by inoculation.

Of all the information to which I have thus briefly referred, Dr. Gregory would appear to be altogether ignorant, else he would surely have adverted to some part of it in his paper on vaccination, in your last Number, when speaking of the susceptibility of the cow *quo ad* small-pox. I trust he will not be offended if I take the liberty of suggesting that the knowledge of such facts is neither theory nor speculation. I have the honour to be,

Sir,

Your obedient servant,
M. D.

June 2, 1828.

MEMOIR

ON

A NEW METHOD OF TREATING ARTIFICIAL ANUS.

BY BARON DUPUYTREN.

(Continued from page 14.)

IN the first part of this memoir I have detailed the nature of the obstacles that prevent the restoration of the intestinal canal; nevertheless, these obstacles,

* See "Life of Jenner," by Dr. Baron, p. 351.

although considerable, are not insurmountable; nature and art have more than once succeeded in overcoming them. The loss of substance of the intestine is certainly irremediable, but the dilatation of its cavity, and the extension of the parietes, may supply, in certain cases, that loss in a manner more or less complete. The adhesion formed by the intestine to the abdominal parietes may become less intimate; it may be relaxed in such a manner that the two ends of the gut may be placed in a more favorable situation for the passage of the fæcal matters. The projection which separates the two extremities may become diminished by the dragging of the mesentery, and by the efforts made by the fæces to pass from the superior portion of the gut to the inferior. A liberal diet, as recommended by Louis; the action of purgatives, as advised by other writers; the introduction of pieces of charpie, gradually increased in size, as practised by Desault, may have the effect of enlarging the communication between the two extremities of the gut; and these, together with position or compression, and many other means proposed, have no doubt occasionally effected cures. But under what circumstances have they succeeded? It is necessary to distinguish these from cases in which such attempts must always fail; and where, consequently, it becomes necessary to adopt more efficacious means.

Almost all preternatural anuses which consist of simple perforations of a point in the circumference of the intestine, whether attended by hernia or not, are curable; they are, in fact, only fistulæ, behind which the gut is always perfect, not having suffered either loss of substance, contraction, or material change of direction.

The same means of cure will also succeed very frequently in those cases of artificial anus in which a third, or even half the circumference of the gut has been destroyed for the length of a few lines, or even an inch, although accompanied by an inversion of the intestine; but when the loss of substance embraces more than two-thirds, or three-fourths of the circumference, and also includes a greater length, the cure becomes proportionally difficult; for then, from the contraction in the calibre of the gut, the buttress and partition become so prominent as to present formidable ob-

stacles to the passage of the fæcal matters from the upper to the lower portion of the intestine. The result of the cases that have occurred to me, as well as of those which I have collected from different authors, amounting each to a considerable number, is, that the proportion of artificial anuses susceptible of cure, are to those which obstinately resist every plan of treatment as 3 to 1; that is, two-thirds are cured by the ordinary methods, and the remainder require a more efficacious plan of treatment. The difficulties then that oppose themselves to the cure are the loss of substance and contraction of the gut; the adhesion of its extremities to the parietes of the abdomen; the changes produced in its direction, and in its mobility; but especially the projection and double partition placed between the two extremities.

The loss of substance cannot be repaired; it can only be supplied as we have before said, and we have already shewn the limits within which this can be effected. Can the adhesions which at first formed the safety of the patient, be destroyed without producing a recurrence of the original danger?—and even if they were destroyed, the loss of substance remaining, our embarrassment would not be much lessened. It is true, in imitation of Rhamdor, the two ends may be placed within each other, maintained in that situation by suture, and then replaced in the abdomen; but the danger of this method is obvious, and the example given by this surgeon will scarcely be followed by any reasonable man.

It is necessary then, to respect this salutary adhesion, and, therefore, it only remains to attack the partition and buttress. It would seem, at first sight, that the simple section of these parts, either by the scissars or some other cutting instrument, would be sufficient to re-establish the communication between the two ends of the gut; and it must be confessed that such would be the case if the two sides of the projection adhered together; but a moment's reflection will shew that this operation must produce almost immediate death, by the effusion of fæcal matter into the cavity of the abdomen. It seems more prudent, therefore, to displace the buttress and the partition by pushing them into the cavity by pressure from without inwards, so as to imitate, in some

degree, the effects of the dragging of the mesentery. If these trials should not succeed, they cannot, in my opinion, produce any inconvenience. Influenced by this idea, I constructed an instrument which I shall not describe, since it failed in the only trial I made with it, in consequence of the impossibility of regulating its action with certainty; thereby risking the sudden rupture of the adhesions, and consequent effusion. Being obliged to renounce this method, it only remained either to perforate or divide the projection. The idea of perforation first presented itself to my mind, but it appeared difficult to execute this without producing the same mischief that a common cutting instrument would cause—that of effusion into the peritoneum.

The two ends of the intestine which form the artificial anus, are covered on all sides by the peritoneum, and this membrane forms an uninterrupted cavity round them. This circumstance, which forms an insurmountable obstacle to an immediate division, or perforation, affords the very means by which the double partition separating the intestines may be divided without opening into the cavity.

One of the most remarkable properties of serous membrane is to form adhesions when inflamed, and when in contact; if, then, an inflammation could be excited between the two surfaces of the intestines in contact, and covered with the peritoneum, capable of producing adhesions, I conceived that I should afterwards be able to perforate and divide the parietes of these intestines, and establish a communication between the two extremities without risk of an effusion into the abdomen. But the difficulty was to find a mode of producing this preliminary adhesion of the intestines.

My first idea was to traverse the partition by a needle, which would rather pierce than divide the parts, and which would convey a thread to fill up the void that had been made; this thread, after having excited inflammation around it, might be increased in thickness, and afterwards replaced by a skein, increasing in size from day to day; so that, after some time, it might be large enough to destroy the partition between the two extremities of the gut entirely. Then their cavities would become reunited, and means might be

adopted, without inconvenience, to prevent the passage of the fæces by the artificial anus, and to compel them to follow their natural course. A consideration of what is often found to take place during the passage of foreign bodies, especially of pins and needles that traverse the parietes of the abdomen and the intestines, tended to confirm this idea; for the passage of these bodies through the different parts is always preceded by *the adhesive inflammation*, which is, in fact, the preservation of the patient. These suggestions were the result of observation only. I wished to strengthen them by direct experiment upon living animals. With this view, I traversed the intestinal canal of several dogs, with needles armed with threads, which I left in the wounds, putting back the intestines into the abdomen. No effusion took place in any instance; the wounds and the threads, after some time, were found surrounded by adhesive inflammation; the ligatures were either voided by stool, or taken away by gently pulling both ends at the same time; the openings made by the needles, and those in the parietes of the intestine, were always found closed, adhesion having taken place between the peritoneal coat of the divided or punctured intestine, and the peritoneum of the neighbouring parts. A still more decisive experiment, attended with the same result, was made by forming an artificial anus in a dog.

My experiments had arrived at this point when, in May 1813, a man named Aucler was admitted into the Hôtel Dieu, 36 years of age, who had laboured under strangulated hernia for five days, the consequence of which was the formation of an artificial anus, the intestine having been found in a state of gangrene. Six weeks elapsed, and nature appeared to afford no prospect of a cure. At first pressure was tried, but this produced symptoms so severe, as to compel me to abandon its use. The patient, however, continuing to urge me to employ other means to relieve his miserable condition, whatever might be the result, an attentive examination showed me that the two extremities of the gut were perfectly on a level, and that their orifices were only separated by a very projecting buttress and partition. After considering the best method of perforating this partition, I

determined to pass a needle across it, from as high up as possible in the cavity of the upper end of the bowel; its point was then received into the cavity of the lower end, and thus brought out: the thread with which the needle was armed was left in. The operation was short, and not very painful; it produced no unpleasant symptom. Some days afterwards a skein was carried, by means of the thread, into the opening made in the partition. Flatus began from that time to be passed by the natural anus: the size of the skein was increased at each dressing; and eight days after colicky pains were felt in the abdomen, and some fæces were passed by the anus. Encouraged by this, the size of the skein was increased to such a point as one day to produce a laceration of the buttress; this produced no ill effect, but still stercoraceous matter continued to pass from the artificial anus. Considering that those parts of the partition situated above the opening made by the needle, and enlarged by the skein, might adhere together, and might be divided with as little danger as the parts situated below, this part was divided, half a line at a time, by means of a pair of blunt-pointed scissors, directed upon the fore finger; this was done at intervals of three or four days: these incisions, very cautiously made, and which never passed the limits of the adhesions formed, enlarged the communication so much that all the fæces soon passed by the natural anus. Compression was then used upon the artificial anus, which would, most probably, in time have closed the opening; but the man, wishing to hasten the cure, urged me to make a fresh attempt, and I had the weakness to yield to his entreaties. Some irregular portions situated round the aperture were tied, and then excised; I afterwards carried the division of the partition higher than it had yet been done, and in a few hours the patient was seized with acute peritonitis, which proved fatal, notwithstanding every means adopted to arrest its course. I apprehended that this inflammation might have been produced by the effusion of fæcal matter in the abdomen, but at a public examination of the body no such effusion was found; there was no solution of continuity by which such an accident could have happened, and

the cavity contained merely a quantity of purulent serosity, and albuminous flocculi, the ordinary products of acute peritonitis. The communication between the two extremities of the gut was re-established for the space of about two inches. The ends, before separated, had but one wall and one cavity; along the whole length of which, both before and behind, there was a raphe, produced by the cicatrix of the section of the partition; and every thing announced, that had not this unfortunate accident intervened, this artificial anus would have been cured*.

Chagrined at the unfortunate result of this case, I again reviewed the question; and I was confirmed in my previous opinion, that the idea of establishing a communication between the two ends of the intestine, by destroying the partition that separates them, was the only mode that promised any chance of success, and that the only defect was in the means hitherto employed. It was evident to me that, though the passage of the needle, in the above case, had produced no accident, yet by penetrating the parts before adhesion had been effected, the communication it established between the intestine and peritoneum might, in certain cases, produce an effusion in the cavity; besides it appeared difficult, if not impossible, to carry the needle and thread to such a height as to enable them to open a communication between the two ends of the gut sufficiently large to re-establish completely the course of the fæces in every instance; finally, (and this was the most conclusive reason of all) the needles and thread could only produce adhesion of the parts, if they were in contact with each other; and if, instead of being parallel and touching each other, the sides of the intestine should be separated at the spot where they were penetrated, a perforation without adhesion would be produced, and the result of the operation would be merely to establish a very dangerous communica-

* In a note, M. Dupuytren observes, that the method he had just detailed, and which he thought peculiar to himself, had been practised in Germany by Dr. Schmalkalden, as detailed by Dr. Koreff; and in America, by Dr. Physick, as related by his son-in-law, Dr. J. Lyng Dorsey, in his *Elements of Surgery*, published at Philadelphia in 1813. M. Dupuytren quotes the whole passage.

tion between the cavity of the intestine and that of the peritoneum: these considerations induced me to renounce this method of treatment. It became necessary, therefore, to devise a method of keeping the parts in contact previously to dividing them, and which would not effect their division until adhesion had taken place between them; and recollecting the phenomena that present themselves during the passing of pins and needles, &c. I perceived that, following the example afforded in those instances, it was necessary first to produce inflammation, then adhesion, and lastly the division of the parts. At length, after many trials, upon the dead body as well as upon living animals, I believed that I had discovered the instrument which I had sought for. This instrument is composed of three pieces; two branches and a screw. Each branch is about six or seven inches in length, and one which may be called the male, because it is destined to be received into the other, has a blade four inches long, three lines broad, and half a line thick at its edge, which is undulated and terminated by a spheroid button. At the union of the blade with the handle, is a mortise some lines in extent; behind this mortise is a handle, one, two, or more inches, having another mortise running nearly the whole of its length, about three or four lines broad. The female branch is not quite so long as the former; it is composed at one of its extremities of two blades of the same length, breadth, and thickness, as the male blade; between these two blades is a sort of gutter or sheath, destined to receive the other blade. At one of the ends of this blade is a cavity to receive the button of the other. At the junction of the blade with the handle, there is a moving pivot; which is to be received into the mortise of the other branch; the handle is terminated by a hole destined to receive the screw.

The third part of the instrument is a screw of several threads, an inch and a half long, terminated by a plate of an oval form; this screw is to be placed in the mortise of the male branch of the instrument, and fixed in the female branch; its use is, to separate or close, at pleasure, the two blades of the instrument. This instrument I named an *Enterotome*. Its application is easily understood: two

branches, which may be separated or united at pleasure, provided with blades, very blunt, and with a waving edge, are put into motion by means of a screw passing across their handle. All that these blades enclose is seized, and retained by them by means of their form, as well as by the introduction of the one into the other. The pressure which they exercise upon the parts they embrace has the effect, at first, of placing them in contact, and it may afterwards be carried to the extent of destroying their vitality, but not of dividing them immediately, the edges being too blunt to effect this. This instrument has not since undergone any alteration, but has been applied subsequently to every case of artificial anus upon which it has been necessary to operate. However, before I employed it upon man, I applied it to other living animals, and its effects surpassed my expectations. Upon each occasion it succeeded in dividing the parts in six or eight days; and in every case where serous membrane was confined within the branches of the instrument, these membranes, and the parts they invested, were united together from the second or third day, and consequently long before the solution of continuity, which does not happen till the seventh or eighth day. This adhesion, which extended on each side of the branches of the instrument throughout their whole length, though easily broken down at first, became so firm in five or six days as to resist considerable force; at a later period it became cellular, and afforded all the solidity of a natural attachment. What may appear astonishing is, that the action of the enterotome was never attended with severe pain, and the inflammation was always confined to the immediate vicinity of the parts laid hold of by it. This was the more remarkable, since its mode of action did not appear so simple as might have been imagined. It did not produce solution of continuity, like a cutting instrument, that is, without any loss of substance; on the contrary, it caused a real mortification of the parts embraced by it, and the loss of substance is caused by the formation of slough, which, when it separates, is always between the blades of the instrument. It was not long before I had occasion to employ it on a patient named Mènege, and having proved

successful, I afterwards used it in many other instances.

ANALYSES & NOTICES OF BOOKS.

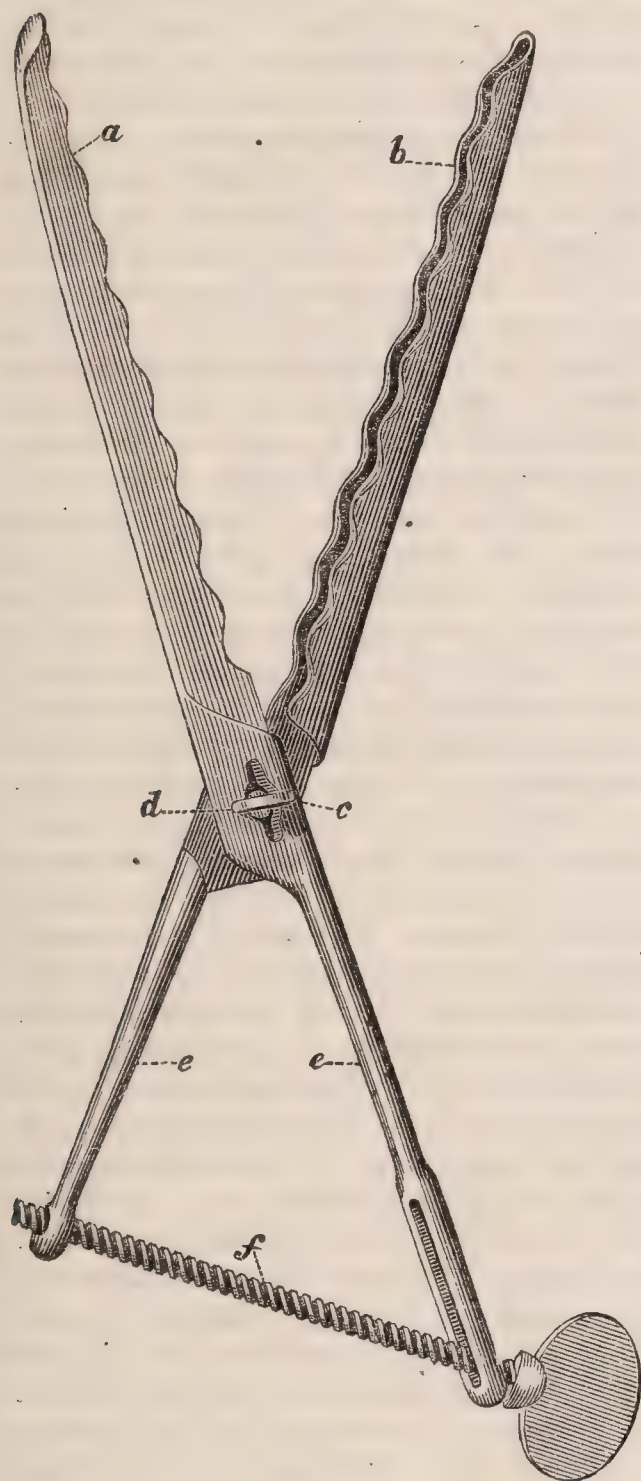
“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Pathological and Practical Researches on Diseases of the Brain and the Spinal Cord. By JOHN ABERCROMBIE, M.D. &c. &c. Edinburgh, 1828. 8vo. pp. 444.

[Concluded from page 25.]

IN an Appendix to the first part, a few observations are introduced on tubercular disease of the brain, on certain affections of the bones of the cranium, and on certain affections of the pericranium.

The tubercles of the brain resemble, in every respect, those of other parts of the body—they often co-exist with them—they are met with in every part of the brain, and there seems frequently to be a family tendency to them. Their symptoms are very variable and obscure, and they often exist to a very large size without any symptoms at all. Suddenly, perhaps, inflammatory action is set up, death follows, and then effusion, or ramollissement, is found in that part of the cerebral substance where the tubercles are situated. Dr. Abercrombie thinks that tubercular deposition is usually the result of low, scrofulous, inflammatory action—at first often excited by external injuries. Nearly analogous to this disease, is the deposition of pure albumen in cysts, in various parts of the brain, or under the membranes. Case 85 is a very remarkable one, shewing the most extensive destruction in the substance of the brain which Dr. A. has ever met with; the whole of the left hemisphere being reduced to a nearly fluid pulpy state, with only a slight covering of healthy brain, of from a quarter to three quarters of an inch in thickness. Although the young lady who was the subject of this disease, had had, for two or three years previously, occasional attacks of paralysis of the left side of the face, and paroxysms of insensibility, at considerable intervals, with occasional headaches, and latterly indistinctness of vision—yet she was so well, and the attacks had so easily given way to the remedies used, that two months before her death she had been married, and the evening before the fatal event took place went to bed in her usual health



EXPLANATION OF THE WOOD-CUT.

The cut represents the *Enterotome* open.

- (a) The male blade.
- (b) The female blade.
- (c) The joint.
- (d) The moving pivot.
- (e) The handles.
- (f) The screw by which handles, and in consequence of their crossing, the blades likewise may be approximated.

[To be concluded in our next number.]

and spirits, after her return from a party of friends.

The diseases of the bones of the cranium which the author describes, are those generally resulting from external injuries, in which a softening and destruction of the internal table takes place; or it may be also of the external, or of the whole substance of the cranium throughout. It becomes spongy and enlarged, often converted into a membranous matter, and sometimes mixed with pus. It appears to result from slow inflammatory action; it may spread gradually from the part first affected, and ends fatally when the dura mater, and subjacent parts, become implicated in the disease. In many cases there has not been the slightest syphilitic taint. Other varieties of diseased cranium are also referred to—such as the absorption of bone, the insulation of portions, &c. &c.

The affections of the pericranium we shall pass over, because the author gives nothing from his own experience, but refers only to the writings and published cases of others.

PART II.—*Of the Apoplectic Affections.*

Here again we find the same difficulties as in the inflammatory diseases; the same symptoms often existing, with very different morbid changes, and in many with none whatever, that have been hitherto discovered. The important fact that apoplexy has, by extensive observation, been ascertained to be fatal often without any morbid appearance, or with appearances so slight as to be quite inadequate to account for the disease, has produced a great variety of speculations, which Dr. Abercrombie briefly recapitulates, and which prove the great difficulties attending the investigation of the pathology of apoplexy.

The simplest cases are those occasioned by external causes—as strangulation. To these may be added the instances of persons falling down suddenly in a state of perfect apoplexy, but who very speedily recover under the ordinary treatment. Here the author believes the attack to depend simply upon the derangement of the circulation in the brain.

Dr. Abercrombie gives a detail of the symptoms preceding and accompanying apoplexy, and has described three dis-

tinct varieties:—first, those which are immediately and primarily apoplectic; secondly, those which begin with a sudden attack of headache, and pass gradually into apoplexy; thirdly, those which are distinguished by palsy and loss of speech, but without coma.

In tracing the further history of apoplexy, we find that, in many cases, the patient speedily and perfectly recovers. In many the disease is speedily fatal; and we find, on inspection, extensive extravasation of blood. In other cases, which are fatal generally after a longer interval, we find only serous effusion, often in no great quantity. In many fatal cases, no morbid appearances whatever can be detected. The latter cases prove that there is a modification of apoplexy depending on a cause of a temporary nature, without any real injury done to the substance of the brain; that the condition on which the attack depends may be removed as speedily as produced, or it may end fatally, without leaving any morbid appearance. This is what Dr. Abercrombie terms “simple apoplexy.” What has been called “serous apoplexy,” does not appear to our author to be essentially different from simple apoplexy; for, though a collection of serum be found, yet much larger collections often exist without producing apoplexy; and, in serous apoplexy, the symptoms are quite similar to those cases where no morbid appearances are to be found. He believes the two to be essentially the same, and that the effusion is simply the result of that disturbance of the circulation which gives rise to simple apoplexy, and is not in itself the cause of the attack. “In other words, it is probable that the affection which has been called serous apoplexy, is to be considered as simple apoplexy, terminating by effusion.”

In the second description of cases, where the first attack of insensibility, &c. goes off, violent headache occurs, and a state of coma gradually comes on, sometimes in a few hours, at other times not before ten or twelve days, with an interval of sensibility. In these cases, as far as Dr. Abercrombie’s observations extend, death generally takes place; and, on inspection, there is uniformly found extensive extravasation of blood. The attack appears to depend on the rupture of a considerable vessel, without any previous deranged circulation,

but from some disease of the artery. After the first shock to the constitution from the rupture, producing the first symptoms, the patient recovers to a certain degree, till sufficient blood be extravasated to produce pressure, and consequent coma. In some cases, a coagulum being formed, we may suppose the bleeding checked, thus accounting for instances of long suspension of the symptoms, till it again bursts out, and coma is brought on. In these instances the two extravasations may often be distinguished. It is generally in some part of the hemispheres that the hæmorrhage occurs, although occasionally on the ventricles; on the surface of the brain, or in or below the cerebellum, when the symptoms are generally more rapid in their progress. It is in vain, generally speaking, to trace it to any particular vessel, when in the substance of the brain; but it may, when in other parts, be observed to arise from rupture of the superficial vessels—from one of the arterial trunks, as the basilar, or even the internal carotid—from the vessels of the choroid plexus—from one of the sinuses, or from some small aneurism in one of the cerebral vessels.

The third class, where there is palsy without coma, embraces those instances where the symptoms are similar, but where the morbid conditions of the brain, with which the symptoms are apparently connected, are remarkably different from each other. Some of the cases recover completely, others pass into apoplexy, others partially recover, whilst some again remain perfectly paralytic, without any change, and gradually die worn out, sometimes with coma for a few days before death.

The morbid conditions of the brain in these cases vary considerably. They may be thus classed:—first, no satisfactory morbid appearances are to be found, or at least only serous effusion, often in small quantity. Secondly, extravasation of blood to a small extent, contained in defined cysts. Thirdly, ramollissement. Fourthly, inflammation and its consequences.

It is to the first class that we may most probably refer the cases where the paralytic attack passes off speedily and entirely. In some, it perhaps depends simply on the diseased state of the arteries of the brain, so common in old people, and producing some interrup-

tion to the circulation. In cases where extravasation of blood takes place, and a cyst is formed, if the surrounding cerebral mass become diseased by being reduced to the pulpy condition, death takes place as the result of that combination; for if the surrounding mass remains healthy, the effused blood is gradually absorbed, all but the cyst, and the symptoms of paralysis gradually subside, more or less completely, according to the degree of the absorption. The cyst becomes distinctly organized, but remains open, with bands stretching across; and Dr. A. does not agree with the French writers in thinking that it ever is entirely obliterated. Although the coagulum be entirely removed, it does not always follow that the paralytic affection subsides along with it; nor is the absorption always complete when the palsy ceases. Some have attempted, but unsuccessfully, to establish a connexion between the organs affected with paralysis, and the part of the brain where the disease has occurred.

In the palsy from ramollissement, the symptoms are more gradual; there is generally more pain in the affected limbs than in other cases, and some have believed that a rigid contraction of them is distinctive of this source of the disease, though Dr. A. does not agree to this. The pulpy degeneration of the brain in this disease, is of a different character from that formerly mentioned, as it is generally found in the external parts; not preceded by inflammatory symptoms (with some exceptions), but arising from vascular disease, and generally occurring in old persons.

Paralysis from inflammation has been fully described in the former part of the work. Allusions are here made by the author to those modifications of paralysis, where we meet with loss of motion without loss of feeling, and *vice-versâ*; to others where, from external circumstances, the temperature of a paralytic limb is either above or below the rest of the body, from having lost the vital power of preserving a medium temperature; to others again, where the mental phenomena are materially and irregularly influenced, particularly as regards memory.

To the morbid changes producing paralysis, may be added the loss of a considerable portion of the cerebral

substance: an interesting case of this nature is quoted. Other causes are, cold, local affections of the nerves, peculiar vascular and nervous derangements, exhaustion from profuse evacuations, &c.

Treatment of Apoplexy.

From what has been said, it will be seen that we are not to be influenced in our practice by the distinction of serous and sanguineous. We have very great encouragement to be active and vigorous in the use of our remedies, which are few and simple. Large and repeated blood-lettings, to take off the impulse of blood from the arteries of the head; active purgatives, for which purpose the croton oil may be administered, suspended in mucilage, and passed into the stomach by a gum elastic tube, when the patient cannot swallow*; cold applications to the head, as before advised, with an elevated position of the body; cool air, and the absence of all stimuli; antimonials, taking care not to produce vomiting. Having pushed our evacuations as far as the strength of the patient's constitution will allow, if the symptoms are not yet relieved, we may have recourse to blistering, and other external stimulants. It becomes a delicate point, as to whether we may use gentle emetics or internal stimuli, to relieve the remaining coma; as, if there be sanguineous extravasation, we may do harm by renewing it. By some facts which have been put on record, it appears that paralysis of long standing has been now and then removed suddenly. To assist the removal, there have been advised warm baths, friction, electricity, galvanism, mustard, ammonia, &c. &c. It is essential that the patient be kept low, by spare diet and by occasional evacuations. Phosphorus, in Germany, and the nux vomica, in France, have of late been favourite remedies. Iodine and mercury have been also recommended.

We are next presented with some very interesting speculations on the circulation of the brain, to which we refer our readers, as our limits will not permit our entering upon them. By these it would appear that the quantity of blood in the brain is uniformly the same, whether the rest of the body be in a state of

plethora or not; it follows, therefore, that in extracting blood, we do not absolutely diminish the quantity circulating through the brain, and so remove the coma, but we remove the *vis a tergo*, by which the force of the circulation is of course lessened.

In cases, on the other hand, of coma from any exhaustion, from hæmorrhage, &c. the symptoms apparently arise from disturbance to the cerebral circulation, by accumulation in the veins, which become loaded from the necessity of the same quantity of blood being kept up in the brain, whilst the arteries contract to make up for their diminished supplies. In these cases, wine, tonics, and generous diet, remove the symptoms.

Of the Organic Diseases of the Brain.

These are, tumors formed by thickening of the membranes, or depositions betwixt their laminæ; depositions of pellucid, or of dense coagulated albumen; organized flesh-coloured tumors, or fatty and steatomatous tubercles; induration of the cerebral substance; ossifications; hydatids; watery cysts; fungus hæmotodes; and fungous protrusions of the cerebral substance itself, without previous removal of the bone.

But here again we are unable to trace any uniformity of symptoms, to be referred to the various forms of the morbid affections, but the leading characters of the symptoms may be thus classed: 1st, headache, without any other remarkable symptom; 2d, headache, with some affection of the senses; 3d, headache, affection of the senses, and convulsions; 4th, convulsions, without affection of the senses; 5th, cases with paralysis; 6th, where the most prominent symptoms are those of the stomach; and 7th, cases with slight and transient apoplectic symptoms.

The diversities of these tumors, as to their situation or their size, do not appear to conform with the diversities of the symptoms produced. The author does not think we ought to consider these cases as hopeless; they often arise from and may depend upon some inflammatory action, and therefore low diet, cold to the head, evacuations, issues or setons to the back of the neck, and avoiding all excitement, ought to be made trial of. Many cases in illustration of these diseases are given in an appendix.

* We have, in such cases, rubbed the croton oil on the tongue, with the happiest effects.—
REVIEWER.

Of the Diseases of the Spinal Cord and its Membranes.

After giving a short preparatory sketch of the anatomy of the parts, our author divides the diseases into 10 varieties: 1st, Acute inflammation of the membranes, or meningitis of the cord; the prominent symptoms are pain along the spine, increased by motion, and extending round the body and into the extremities, with tetanic spasms. There are found after death lymph and pus effused, with increased vascularity.

2dly, Inflammation of the substance of the cord, which may end fatally in the inflammatory stage; by ramollissement; by undefined suppuration; or by abscess. There are several highly interesting cases narrated, but the symptoms appear to have been strikingly dissimilar in many important points. In several they were referred to the brain during life, and that organ was first examined, but on nothing being found, the cord was inspected, and the diseased appearances discovered. Pain in the back, with paralysis of the lower part of the body, are the most uniform symptoms.

3d, Serous effusion in the spinal canal. Where this takes place between the dura mater and the inner membrane of the cord, it may merely have passed down from the cavity of the cranium; but where it is seen between the dura mater and the canal of the vertebræ, it can only arise from disease of the spinal canal, as there is such a close union of the dura mater to the edge of the foramen magnum.

Several cases are detailed, the symptoms of all varying much, though the morbid appearances were alike.

4th, Spinal apoplexy, or extravasation of blood in the spinal canal. In some cases of this disease the prominent symptom was violent convulsions, in others paraplegia.

5th, thickening and fungoid disease of the membrane of the cord, and fungus of the cord itself. The symptoms vary considerably.

6th, Induration of the spinal cord. One case only is given of very gradual complete paralysis.

7th, New formations compressing the spinal cord; the most common are, fleshy and albuminous depositions, tubercles, hydatids, and ossifications. The cord may be also compressed by a diminution of the spinal canal itself, though this is exceedingly rare.

8th, Destruction of a portion of the spinal cord; or a remarkable wasting of it.

9th, Concussion of the spinal cord: this occurs from external injuries—paraplegia, and retention of urine are the most common symptoms; or, if the hurt be on the upper part of the spine, there may also be paralysis of the upper extremities, difficulty of breathing, and affections of the voice. It may be speedily fatal without producing any morbid change whatever, and it may be fatal from inflammation coming on in the cord, or its membranes; the symptoms, at first urgent, may be removed, or it may produce permanent paralysis. Every injury of the spine should be attended to most minutely, and the most active means employed to prevent or remove diseased action.

10th, Certain affections of the bones of the spine. These, however, we shall pass over, as not so intimately connected with the subject. We may refer also to the cases and observations on the caries of the processus dentatus.

The treatment of diseased spinal cord need not be particularly detailed. Bleeding, local and general, blisters, issues and setons, and the horizontal posture, are to be chiefly relied on.

Dr. A. proceeds to direct the attention of the profession to the probable connexion of disease of the spinal cord, as proved by many curious cases, with some very important diseases, as spasmodic affections of all descriptions; tetanus; chorea; hysterical convulsions; colica pictonum; epilepsy; hydrophobia; dyspnœa, of a particular description; and even fever, where it has been supposed that the pains in the back and limbs were owing to spinal irritation.

In an appendix, are, "Outlines of the diseases of the Nerves," a subject of very great interest, and nearly allied to the pathology of the spinal cord. They are liable to nearly the same description of morbid changes, and may be classed pretty nearly in the same manner. There is reason also to believe that the internal nerves are affected with somewhat similar diseases, producing a variety of symptoms. Many of the cases of extraordinary nervous affections, may perhaps at some future time admit of explanation, as we gradually obtain a more accurate knowledge of the several diseases producing the phenomena.

We have so far exceeded the limits to

which we originally proposed to confine ourselves, that we have no space left for observations—nor are any necessary. The imperfect analysis which we have given, is quite sufficient to prove how much Dr. Abercrombie has effected. What patient investigation and industrious research could do, he has done, aided by great talent and a cautious judgment. The difficulties have been in the subject;—that he has conquered those difficulties in many instances, public opinion will be more ready, than he is himself disposed, to admit; where he has failed, no one could be more candid than he has been to acknowledge it.

MEDICAL GAZETTE.

Saturday, June 14, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

DR. FORBES'S STATEMENT.

WE have received the following note from Dr. Forbes:

“Argyll-Street, June 9, 1828.

“SIR,

“Your Journal having been a medium of circulating certain resolutions of the Committee of the R. W. Infirmary for diseases of the Eye, which gave rise to the accompanying defensive statement on my part, I beg to forward you a copy.

“I am, Sir,

“Your obedient servant,

“CHAS. F. FORBES.

“The Editor of the Medical Gazette,
&c. &c. &c.”

It was our intention not to have taken any farther notice of the unfortunate differences alluded to; but having inserted the resolutions of the Committee of which Dr. Forbes complains*, we think it only an act of justice to lay before our readers that gentleman's explanatory observations upon

them, for which purpose we have been obliged to omit the leading article which was intended for the present number. The statement itself is greatly too long for insertion, and, indeed, the affair has altogether become so complicated, from the number of circumstances necessary to be kept in mind, and the multifarious correspondence, that it requires no ordinary effort of attention to comprehend it. The part which we have extracted* appears to us the most important, and we must refer those who wish for farther information to the pamphlet of Dr. Forbes.

MEETINGS AT THE COLLEGE OF PHYSICIANS.

At the meeting on Monday evening, which was numerously attended, a paper, by Dr. Warren, was read, on

A peculiar Ossification of the Arch of the Aorta.

The object of this communication, which consisted of the relation of a case, followed by some remarks, was to point out certain marks of distinction between ossification of the coronary arteries and that of the aorta. An elderly lady, presenting nothing remarkable in her constitution or habits, and having enjoyed good health up to the period of the fatal attack, became affected with a peculiar aching pain behind the upper part of the sternum, attended with a sense of obstruction. This gradually increased both in severity and extent, first reaching to the shoulders, and afterwards down both arms, even to the wrists. The character of the pain, particularly after the extremities had become affected, led her to the belief that it was rheumatic; and having after a time become habitual, her attention ceased to be directed to it. Soon, however, (and particularly on using any considerable exercise,) more violent paroxysms supervened. These consisted in a sense of acute pain, and burning heat, at the original site of the uneasiness; thence extending backwards to the spine, upwards along the carotids, to a greater or less extent, and down both arms to the fingers. These at-

* See Vol. I. page 575.

* See page 63.

tacks were accompanied by irregularity in the breathing, by great anxiety, and fear of immediate death.

At the time Dr. Warren first saw the lady, she was recovering from a paroxysm which had been extremely violent. She was sitting immoveable in a chair, with the shoulders raised, and breathing only with the lower part of the thorax—not moving the upper ribs. She spoke in a slow and measured tone. Her pulse was about 100, soft, and not irregular. Relief was afforded by abstracting a small quantity of blood, but the fits continued to recur; and one night, when turning herself in bed, she suddenly expired, within nine weeks from the period at which she had experienced the first accession of the symptoms.

On examining the body, no fluid was found in the pleura, but a little in the pericardium; the lungs were sound, and the heart free from disease; its cavities were not loaded with blood; the coronary arteries were rather thicker than natural, but not more so than is usual in persons of the same age; they presented some white spots on their inner surface, but nothing like ossification. At the highest point of the arch of the aorta was an ossification, about the size of a shilling, shelving towards the edge, which, at some points, was sharp and irregular; across this ran a band of cartilage, dividing the ossification into two portions, and forming a kind of hinge, by which these moved on each other. The ossification was exactly accommodated, in shape, to the vaulted form of the aorta. A small ossified portion was also found at the bifurcation of the vessel.

Dr. Warren is of opinion (as we understood) that when, in consequence of mental or bodily excitement, an additional quantity of blood was thrown into the aorta, so as to distend it, the shell of bone would, as it were, open on the cartilage as a hinge; but that, when the vessel contracted again, before it could return to its former curve, the sharp edge of the ossification would necessarily be pressed upon by its coats, which would thus be irritated—and hence, probably, the more violent paroxysms; while the situation of the morbid deposit, just at the point of the aorta most liable to be acted upon by the usual current of the blood, might account for the habitual aching. There is obviously a considerable analogy between this affection

and angina pectoris; but Dr. Warren thinks it may be distinguished by the seat of the pain being behind the upper part of the sternum—by its extending along the course of the great vessels—and by the aching which habitually remains during the intervals.

The head and jaws of a *snubnosed* Alligator, which had just been sent as a present to the College, were laid upon the table. The specimen is reckoned a fine one. The animal appears to have been above twenty feet in length, but had lost the tail when caught. It was in a lethargic state, and the belly contained the half-digested body of a woman, who, from having bugles and other ornaments about her person, had probably been surprised while bathing.

Regulations with regard to Papers.

The following are the Resolutions of the Committee appointed to receive and consider the papers presented to the College:—

“ 1. All papers proposed to be read at the evening meetings of the College, should be sent to the Registrar, at the College of Physicians, who will acknowledge the receipt of them, by a notice to their respective authors.

“ 2. All papers thus received will be laid before the President and Committee, who will arrange the order in which they shall be read.

“ 3. All papers will be read to the meeting by the Registrar, or his deputy, in the presence of the President, or Pro-president.

“ 4. Notice will be given to each author of the evening on which his paper will be read.

“ 5. At the end of each year a selection of such papers as may be deemed useful for publication, whether read or not at the College, will be made, and, with the consent of the authors, printed in the Transactions.

“ 6. Such papers as either from want of time may not be read at the College or not deemed desirable for publication, will be returned to the Authors at their request.

“ 7. The reading of papers will commence at a quarter past nine o'clock precisely, and will not be protracted beyond ten o'clock.

“ 8. No paper which has been previously read before any other Society will be admissible.”

“ College of Physicians, May 17, 1828.”

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

*Erysipelas of the Leg and Face—
Incisions.*

THE practice in erysipelas pursued at this hospital is, as we stated before, for the most part regulated by the symptoms present in the individual case. If they assume a typhoid character, if the inflammation be dark coloured, the integument raised in vesicles, the pulse low or intermitting, the tongue brown, the mind wandering,—bark is freely given; but if it be a common case of erysipelas, salines are administered in the first instance, and bark exhibited afterwards, when the tongue cleans. In the case which we are going to relate, the local inflammation being of a phlegmonous character, and running high, incisions were made into the limb with the happiest effects.

William Freeman, a young man of florid complexion, and tolerably healthy appearance, was admitted on the first of May, under the care of Mr. Brodie.

On the 27th of April, a "blister" appeared upon the heel of the right foot after walking, which he opened; and on the next day, he observed that the integuments in the neighbourhood looked red and inflamed. He applied to a "doctor," who gave him some purgatives, which did him no good; and on his admission the erysipelas had extended as high as the knee, with enlarged glands in the groin.

Cataplasma lini pedi. Lot. spt. cruri.
Haust. Sennæ. Haust. Salin. c. Liq.
Ant. Tart. 6tis horis.

3d.—Feels better; the enlargement of the glands in the groin has nearly subsided.

Pergat.

4th.—Was somewhat delirious in the night; tongue brown; pulse frequent, but soft; bowels open; no head-ache. The erysipelas has appeared upon the face, and the whole of the leg and greater part of the thigh are of an uniformly florid red, the cuticle being separated from the cutis in extensive patches. Mr. Brodie saw the patient, and instantly made several very free incisions in different directions, down to the cellular membrane, which was sloughy and infiltrated with pus. A smart bleeding took place from one of the cuts, which was situated behind the

inner malleolus, but it was readily stopped by pressure.

Cataplasma lini pedi et cruri.

5th.—The patient is decidedly better to-day, the florid tint of the inflammation having greatly diminished, the leg being easy, pulse soft, tongue rather dry. The erysipelas, however, has extended on the face.

Haustus salinus effervescens ter die.

7th.—The erysipelas has nearly disappeared from the face; the leg is much better.

From this period we omitted our diurnal reports. A good deal of suppuration ensued, in consequence of the sloughy disorganized condition of the subcutaneous cellular tissue. Under the use of poultices, healthy granulations soon sprang up; the discharge became lessened in quantity, and the limb was dressed with calamine cerate spread on strips of linen, and a roller over all. The young man will shortly leave the hospital.

ST. MARTIN'S SCHOOL.

*Affection of the Eye produced by
Lightning.*

JANE HUMPHREYS, ætat. 11, was repeating her lesson in the school-room of St. Martin's parochial school, on the afternoon of the 6th of May, standing with her left side towards the window: when a storm came on, and a flash of lightning strongly lit up the room, which instantaneously produced loss of sight of the left eye, with a tingling pain in the eye-ball of the little patient. The pain increasing during the following days, Mr. Mayo was sent for, by whose advice leeches were repeatedly applied to the temples, and blisters behind the ear and to the back of the neck, and mercury given so as to affect the mouth. Under this treatment there was daily a perceptible progress towards recovery; the condition of the patient at different periods being as follows:—

The symptoms, on the 11th of May, consisted in a painful sense of heat in the eye-ball; tenderness of the eye-ball on pressure; inability to raise the eyelid; and when the eye-lids were held open, extreme sensibility to light; vision dark, and almost extinct; no redness of the conjunctiva; no inflammation of the sclerotic or iris; no loss of transparency of the humors; pain and

tightness across the forehead; a sense of throbbing in the head; tongue white; pulse frequent.

About the 20th of May she could distinguish objects more easily, and could bear to look towards the light, when the eye-lids were held apart: the muscle which raises the upper eye-lid might at this time have been supposed to be paralysed, as she could bear to look upon the light, but was wholly unable by a voluntary effort to open the eye-lids.

On the 24th of May she was able to raise the eye-lid at pleasure, but the consent between the muscles of the two eyes was found altered in the following remarkable manner. When both eyes were closed she could open either at pleasure, but not both at once; on the attempt to open the second the first became closed, or if held open the eye was observed to roll away, being drawn upwards and outwards. This morbid association was easily broken by a simple artifice.

On the 27th, all the symptoms being much alleviated, the left eye, to external appearance sound, and used habitually with the other, yet vision with that eye being in some degree painful and weaker than before, the nature of her sight was carefully examined; when it appeared, that although she could read ordinary print, if held near to the eye, and stoop and pick up a pin thrown upon the ground, (yet not as readily as when using the right eye) she had totally lost the faculty of distinguishing colours. Thus she was able to point out the circular spots on a yellow silk-handkerchief, spotted with scarlet, but described the spots as black, and the ground as somewhat less black; white paper she described as a shade of black, and the leaves and petals of a rose as a deeper shade.

On the 28th, the following day, she had recovered the power of distinguishing colours, but her sight remained weak, objects being seen darker and less distinct than natural with the left eye. At present, though not perfectly recovered, her sight daily improves.

ST. THOMAS'S HOSPITAL.

Extensive depression of the Cranium, without signs of compression.

THE following is one of the frequently occurring cases which prove to us how imperfect our symptomatology as yet is,

particularly as it respects the signs and effects of compression of the cerebrum.

Michael Morris, æt. 4 years, was brought into Mary's ward, under the care of Mr. Green. He had been thrown down by a cart, which had passed over him, and the effects of the accident, as they appeared on his admission, were—a depression in the centre of the left parietal bone; contusion of the right side of the head, producing an extensive ecchymosis; simple fracture of the right humerus; and severe contusion of the outer side of left leg. The depression was found, on measurement, to be two inches and a half in diameter (it was nearly circular), and nearly half an inch in depth in the centre. The edges of the depression were not sharp, but rounded, proving that the bone was sufficiently flexible to bend without breaking quite through: in the deepest part there certainly was some inequality, which, though not sufficient to make it certain that fracture existed there, yet made such an opinion probable. With all these very serious injuries, the little patient, instead of being (as might have been expected) in a moribund state, appeared so little affected, that a spectator not seeing the bruises, must have concluded that no mischief had occurred. He was perfectly conscious, answered nearly every question, and did not even complain of pain, unless asked where he was hurt, when he pointed to his arm. He cried when the right (or contused) side of the head was touched; but could bear the depressed portion to be touched, and even pressed upon, without exhibiting any sign of uneasiness. This was four hours after the occurrence of the accident: he had not then vomited, nor had he had any stool, and the pulse was low. Mr. Green ordered the head to be shaved, the spirit lotion to be applied; and pulv. scammon. c. hyd. gr. viij. to be given immediately. He also directed that the jugular vein should be opened when the pulse had risen. Splints and roller to the arm.

8 p. m.—Rather comatose: still he looked up when spoken to loudly, but would not answer. Pulse 130, moderately strong; pupils dilated. Had taken some food. Considerable thirst. Was bled this evening to 6 ounces.

27th.—Appears little worse for the accident. Had a stool in the night; quite sensible when awake, but much inclined to sleep.

28th.—Much as yesterday: complains of no pain, unless the arm or the head are touched. The effusion on right side of head absorbed. Bowels being rather constipated, the aperient powder was repeated.

It is unnecessary to continue the details of this case through every successive day. In fact, no phenomenon took place worth recording. Suffice it to say, that at the last date, June 8, he had not had one unfavourable symptom; that as far as could be ascertained, he retained all his powers, mental and physical, in a state of as great perfection as before the accident; and that the broken arm was as near complete restoration as could be expected in so short a time.

It is to be hoped that a cast of the head, so as to exhibit the depression, will be made, and placed in the museum of the hospital.

Cases of Rheumatism treated by Acupuncture.

Four men, three of whom were sailors, were admitted on the 29th May into Abraham's ward, labouring under rheumatism; and as the disease was of that kind which Dr. Elliotson has generally found to be most relieved by acupuncture, it was determined to try it in all; with what effect, the subjoined report of each case will show.

CASE I.—John Smith, æt. 50, ill two months. May 29th: complains of violent pains in left loin, hips, knees, and feet; is generally very cold; does not sweat. There is not the least swelling or soreness in the situation of the pain; considerable weakness, but no signs of constitutional derangement.

Acupuncture in left loin—one needle two hours daily. Liniment. Ammon. fort. to the knees.

31st.—Loin and hips better. Pergat.

June 3.—Loin and hips worse again. The liniment to be omitted, and blisters applied to the knees.

7th.—Not any better than when he came in. Has evidently taken cold; bowels constipated, and tongue foul, with some nausea; pulse quiet.

To be cupped in the loins to ʒviij . Acupuncture being omitted.

9th.—A great deal better: no pain in hips or loins; could walk if it were not for his knees, which are still painful, the blisters not having relieved them much.

CASE II.—Thos. Bowler, æt. 44, ill (at intervals) two years. May 29th: pain and considerable weakness of loins; skin moist and warm; is not cold; perspires during exercise, or when warm in bed; pain worst at night; best when walking; health good.

Acupuncture—one needle in each loin two hours daily.

31st.—Pain left him entirely this morning; was much better yesterday.

Had no relapse, and was discharged cured June 5th.

CASE III.—John M'Dermott, æt. 29, ill (at intervals) three years. May 29th: pains in loins and thighs; right knee swelled and inflamed; large tumor on left tibia, hard and very painful, particularly when touched; health good.

Acupuncture—five needles two hours daily in loins and thighs.

31st.—All pain of loins and thighs gone; knee and tibia still painful and inflamed.

Acupuncture to be omitted. A blister to right knee and left tibia.

Hyd. Submur. gr. iij. Opii gr. j. every night.

June 3.—Knee and tibia no better.

Hyd. Submur. gr. j.

June 7th.—Less swelling, pain, and soreness of tibia and knee. Left ankle has become painful and swelled. No pain in loins or thighs.

9th.—Knee and tibia improving; ankle still painful; quite well in other respects.

CASE IV.—Thomas Campbell, æt. 32, ill eight months.—May 29th: has severe burning pains from left shoulder to foot; great tenderness in the situation of the pain; does not perspire; is best when warm. Pulse 80, and rather hard; tongue brownish in the centre, red at the tip and edges; bowels open. Has been a great drinker; has no sleep night or day, from the severity of the pain.

Acupuncture—Four needles two hours daily, in hip and thigh.

31st.—Hip rather easier; a needle in the left arm.

June 3d.—Lower extremity better. Pergat.

7th.—Pain far less, and not of so burning a character; some pain in both hands; no fever remaining. Pergat.

9th.—Still better. Pergat.

These cases seem to prove that rheumatic pains, seated in muscular parts, are most likely to be relieved by acupuncture, and that the presence of even

a slight degree of fever, as in the first and last, prevents the remedy from exerting that wonderful power which it has in the cases which are suited to it.

G.

BOSTON HOSPITAL.

Excision of a large Tumor in the Neck.

OCT. 19, 1827.—The patient is a man of 60, rather weak in constitution.

Tumor has been growing between one and two years. Externally, it extends from the lower jaw to the inferior part of the neck, on the left side; and from the trachea across the neck, under the mastoid muscle to the transverse processes of the cervical vertebræ. Is of an almost stony hardness at the upper part. In form somewhat flattened, as if compressed.

On the inside of the mouth a tumor is seen on the left side of the fauces, extending half across this passage, and rendering the deglutition very difficult.

A consultation being held of the physicians of the hospital, aided by other gentlemen, it was concluded that as the patient must expire without an operation, if, considering he might die in its performance, or soon after, he thought it best to have the operation done, it would be proper to do it.

The patient having duly considered the dangers of his case, and having consulted his friends, was anxious to have an operation done as speedily as possible. It was accordingly performed by Dr. Warren as follows.

The neck being shaved, and the patient having taken sixty drops of laudanum, half an hour before the operation, was placed in a common chair, the head inclined to the right side, and an assistant directed to support it sufficiently to prevent any contraction of the muscles of the neck.

An incision was made from the ear to the clavicle, inclining forwards from the ear towards the larynx, so as to uncover the middle of the surface of the tumor. This part of it was then dissected and brought into view, so as to expose the more prominent portion, which was separated from the lower jaw and the ear above, from the larynx before; and the mastoid muscle was turned back from the upper portion of the tumor, care being taken to avoid the accessory nerve where it enters the muscle.

About this period the patient fainted

twice in succession, but by inclining the head downward, he was recovered.

The next object was to disengage the tumor at its lowest part, and ascertain its relation to the great blood-vessels and nerves. In prosecuting this part of the operation, it soon appeared that the disease extended so low, as to leave a small space between it and the clavicle. While cautiously attempting to raise the lower part of the tumor, and looking for the internal jugular vein, this vessel was found to be pushed forwards by the tumor, and bent from its course, and to be covered anteriorly by a thin layer of the tumor, which obscured its usual blue colour, and confused it with the surrounding parts.

The deep dissection of the tumor was prosecuted at the superior part of the neck. The numerous large arteries from the external carotid being situated here, it was necessary to prevent the hæmorrhage from these vessels, by placing a ligature upon the carotid artery at the lower part of the neck. For this purpose the sternal attachment of the mastoid muscle was cut. Then by dissecting the sterno-hyoideus and dividing the omo-hyoideus, which was thin and wasted, from passing through the tumor, the artery was exposed, its sheath opened and dissected, and a ligature of three threads passed around it and tied. The patient expressed no emotion at the ligature of the artery, nor did he appear inclined to faint again.

Passing a ligature through the tumor it was drawn backwards, and thus the dissection was continued high and deep, to the side of the pharynx. In doing this, a considerable nerve, apparently the glosso-pharyngeal, was unavoidably divided. The tumor being somewhat loosened, a cord was seen proceeding out of it, towards the upper part of the neck, appearing to be a part of the tumor. This proved to be the par vagum nerve and the carotid artery. The entire extirpation of this part of the tumor was impracticable, except by a dissection which the patient would not have supported. The tumor was therefore removed in separate portions:—first the most considerable mass of it, afterwards the other portions, so as to leave a small part only attached to the vessels and nerves; this was in great part broken and detached by the fingers. In performing this part of the operation, it was perceived that when the tumor was so moved as to draw the par vagum,

(which necessarily happened in a slight degree) at that moment the patient had a sort of spasm or convulsion, extending from the neck into the thorax, and trunk of the body.

In the dissection of the upper part of the tumor, the thyroid vein was necessarily cut off, and produced a bleeding which was troublesome while it lasted. This was the principal hæmorrhage. Except at the beginning of the operation, there was scarcely a show of arterial blood. The skin was brought together to allow such parts, as might be disposed, to unite, in order to lessen the extent of the wound.

The first night he had some sleep. On the next day, pulse 120—no difficulty in swallowing, breathing, nor speaking. Second day; much the same. Third day; says he feels comfortable,—speaks with ease,—swallows better,—has no difficulty in breathing, nor any other alarming symptoms. Pulse 100. Took half an ounce of sulphate of magnesia, which was repeated in the afternoon.

Fourth day. Wound dressed; has in a great measure healed. Pulse 100. Has a disposition for nourishment, and swallows well.

From this time he recovered rapidly.

The tumor on the inside of the throat inflamed soon after the operation, and had great appearance of sloughing away. But this appearance subsiding, in sixteen days from the first operation the actual cautery was applied. A piece of horn was so shaped as to receive and convey securely an iron across the mouth to the throat. This being introduced, a globe of iron, half an inch in diameter, with a handle attached to it, was heated red hot and carried to the tumor, and pressed forcibly into it. The substance appearing very hard, a second red hot iron was employed in the same manner.

On that day and the next, the patient suffered considerably from this operation. By the fourth day he was as well as before it; and the slough having separated he left the hospital within a week, and went home into the country.

From some exposure, he got an inflammation of the throat, which for a time had an unpromising aspect; but from this he has now recovered, and is well enough to resume his common occupation.

A surgeon who undertakes an opera-

tion on a deep-seated tumor, should be prepared to find great deviations from the natural state of parts; and he must not expect his knowledge of anatomy to serve as his sure and infallible guide, in this new state of things. A deliberate observation of parts, as they present themselves, can alone conduct him safely along.

The recovery of this patient shows what extraordinary wounds a weak, yet unirritable constitution can support. In this operation, which lasted an hour, including the faintings, the carotid artery was tied; the par vagum nerve and the internal jugular vein dissected, for a considerable extent; the accessory and sublingual nerves exposed; the glosso-pharyngeal and the descending branch of the sublingual, or descendens noni, cut off; part of the pharynx and trachea uncovered; the mastoid muscle dissected for its whole length and divided; the omo-hyoid, sterno-hyoid, and sterno-thyroid, dissected, and the first divided; the digastric and internal pterygoid and other small muscles dissected; and the transverse processes of the cervical vertebræ in part exposed.

The operation was performed in presence of the consulting physicians of the hospital, many of the faculty of the city, and the class of medical students attending lectures in Boston at the time.

Boston Medical Journal,
Feb. 26, 1828.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

May 28.

DR. F. RAMSBOTHAM IN THE CHAIR.

MR. HOOPER related cases of neuralgic affections, connected with gastric disorder, in which soda, combined with decoction and powder of valerian, was of great advantage after other remedies, usually resorted to, had failed.

Testimonies were adduced by several members in favour of acupuncture; and Doctor Macbraire dwelt on the advantages derived in the headache attendant on some hysterical affections, from applying a blister to the vertex, and afterwards laying on either an opiate plaister, or a lotion of the liquor opii sedativus.

Dr. Whiting introduced to the notice of the society a tumor he had removed from the neck of a woman fifty years of age. He did not see the woman until

a short time before her death, when she appeared to be dying under jaundice. She suffered little inconvenience from the tumor except when it first appeared. The doctor was informed that it commenced after an attack of violent vomiting. Some enlargement was immediately perceptible; it soon attained its full size, and had remained stationary during 14 or 15 years. It had the mobility and appearance of an encysted tumor. On being removed, after death, its attachments were found loose; its vessels very small; and its figure globular, except where it was flattened by pressure in the front of the trachea. On making a small opening into the dense cyst, blood had escaped, and was not putrescent. Mr. Callaway, at the request of the doctor, opened the tumor before the society, and found that the mass consisted of about three or four ounces of grumous blood, included in a dense and laminated cyst; to the inner surface of which a few lamellar coagula were attached, as in old aneurismal sacs. Two smaller cysts were attached to the larger, the size of hazel nuts; one of which, also, was filled with blood. These cysts did not communicate with each other. There was no appearance of organization of the contents of the cysts.

Dr. Ramsbotham related a case of hydrocephalus, which he regarded as congenital, although the indications did not appear till the child had attained its eighth month. It lived to the age of eleven and a half years. The head was as large as an adult's; the skull had completely ossified; and the ventricles of the brain contained two pints of fluid. There was a soft tumor, the size of a walnut, above the infundibulum, and by its pressure on the optic thalami it had occasioned blindness. Hearing and memory had remained perfect: considerable evolution of the genital organs had taken place. The child died in a fit.

Dr. Whiting reported a curious fact observed on dissecting the brain of an idiot. The signs of idiotcy were early manifested. There was irregular action of the muscles, and the right side was more convulsed than the left. The child died at about the age of five, and the cortical substance of the right hemisphere was found two inches and a half in thickness, so that there existed scarcely any appearance of medullary matter.

The detail of this case, and of cases in which the faculties of the mind were not impaired in proportion to the cerebral

disorganization, led to some discussion on the subject of phrenology, but as the hour for adjournment had arrived when this subject was taken up, it was agreed to resume it at the next meeting, Wednesday, June 11th.

DR. FORBES AND MR. GUTHRIE.

Supplementary Note on the Resolutions of the Committee of the Westminster Eye Infirmary, passed on the 2d April, extracted from Dr. Forbes's statement.*

1. THE first passage upon the accuracy of which the Committee were called on to decide, was the following, taken from my original statement:

"Thus the hour of visit on Saturday the 26th of May, the day on which the paragraph appeared in the *Lancet*, was *ten o'clock*; but on Saturday the 2d of June, the day on which Mr. Guthrie's letter of reply was published, the hours had been changed to *half-past eleven* for Dr. Forbes, and *half-past twelve* for Mr. Guthrie."

With reference to this paragraph, it is surprising that the Committee should have adopted as the basis of so decided a resolution, an *isolated passage*, severed from its context with the surrounding matter to suit an especial purpose! Considered in its true bearing, it must be clearly manifest to all who are not wilfully blind, that I alluded not to a *personal* change of hour of attendance on the part of my colleague†, but to the nominal substitution of one hour for another on the *admission tickets*, which, with that view, were expressly revised and *re-printed* by Mr. Guthrie. To confirm my remark, and render the alteration intelligible at a glance, I inserted comparative copies of the old and new tickets immediately in connexion with that passage of my "Statement" detached and separately judged by the Committee, while, in fact, it was a conclusion from foregone premises, and inseparable from them with reference to its complete understanding.

The Committee therefore imputed to my expression a meaning not the true one; and this constitutes the "false supposition," or assumption, to which I alluded in this case, while my *actual assertion* is established by internal evidence independently of the collateral facts.

But supposing my words to be taken in the sense affixed to them by the Committee, I am still fully borne out in my assertion, "that the hour of attendance for the patients was unchanged till after the 26th of May," by Mr. Guthrie's letter of the 27th follow-

* See Vol. I. page 575.

† I never meant to deny that Mr. Guthrie had altered his hour in January to 12 o'clock, though he really came at half-past 12, the hour afterwards substituted on the tickets. This change on his part constrained me to alter my own hour, to divide the duty.

ing, requesting me to call upon him about his *intended* alteration of the admission tickets, and printing of a *new set*, in which, for the first time, the permanent alteration was to be noted.

I must here remark, that the manner of conducting the affairs of the Infirmary was one continued series of irregularities:—for Mr. Guthrie, acting entirely upon his own authority, without reference to the Committee of management, or to any person whatever, was from time to time adopting some alteration, either dictated by caprice, or suited to his own convenience. Amongst others, the hours of attendance were varied “*ad libitum*,” so that, admitting that changes may have taken place prior to the period in question, I am perfectly warranted in maintaining that no *regular* or *permanent* change was made, except between the 26th of May and 2d of June. Is it probable that Mr. Guthrie would have written to consult me on the expediency of a measure which had *already taken place*? The fact is, that it was then, and only then, that my opinion on this proceeding was for the *first time* sought, and the alteration actually executed.

That the change was seasonably contrived, to assist Mr. Guthrie’s contradiction of the paragraph in the *Lancet*, is a very plain deduction; while it is equally clear, that it subjected the officers of the establishment to the imputation of having had recourse to subterfuge to evade censure.

Mr. Guthrie well knows, and will scarcely attempt to deny this fact, however anxious he may be that it should be discredited; but if the Committee, instead of calling in pupils to give evidence on a point respecting which they were entirely ignorant, had questioned Mr. Guthrie himself, I am persuaded their minute would have been very different. Mr. Guthrie, however, took care that should not be the case; and assuming an air of disinterested candour, remained silent—while the Committee so far appeared to second his views in accepting the contradictory evidence of the pupils examined as to a change of hour in January, variously stated by them as having been {altered to eleven, half past eleven, and twelve o’clock*! No member of the Committee took the trouble to cross-question these pupils, or to refer to Mr. Guthrie or myself; appearing satisfied with the fact of a change in the hours having taken place previous to the 26th of May, and deeming it superfluous to enquire farther.

Capricious alterations by individual authority were thus confounded with the deliberate modification of a standing rule.

2. With respect to the second passage submitted to the Committee, the same observations very nearly may be made; that is to say, the true and obvious meaning of my words was rejected, and upon another false-

ly imputed to them an opinion was pronounced.

Thus my remark that Mr. Tebbs, (for he and he alone is “the person” alluded to in the passage,) was for the first time denominated *house-surgeon* in May 1827, is met by a document calculated to show that a Mr. Dunn had been so denominated in March 1825; a mode of proceeding manifestly absurd and inapplicable, if the true and obvious meaning of my words be admitted, but rendered plausible by assuming me to have said, that no person had ever been so denominated until the period referred to.

Again, the observation made by me has evidently reference to the recognised and official designation of the individual in question, and not to any denomination bestowed upon him, casually or in courtesy, by “pupils and others attending the Institution;” and yet the first of these interpretations is rejected by the Committee, and the latter seized upon and falsely imputed to me.

My signing the certificate alluded to in the case of Mr. Dunn, was, as I have already explained in my Statement, entirely a matter of courtesy to my colleague, *by whom it was written*; it was an affair of mere routine—nor was I indeed, at the time, aware of the particular designation applied to Mr. Dunn in that paper. To dwell on a quibble of this kind, would, perhaps, lend it an importance to which it is not entitled. I shall only refer to the “Pupil Account” of Mr. Guthrie, and the Letter of Mr. Dunn to the Editor of the *Lancet*, to defeat the insinuation of which the second resolution of the Committee has been made the vehicle.

After these observations, I trust I may with confidence repeat, that the offensive resolutions of the 2d of April were founded upon assumptions, or suppositions, “entirely false.”

[While Dr. Forbes’s statement was at press, he received a communication from Mr. Guthrie, proposing, as their differences were professional not personal, 1st. “That they should meet, with one friend each, at any place Dr. Forbes will select, and after a gentlemanly discussion, leave their two friends to draw up such written document which they shall both sign as will be alike honorable to them and *final*.”—or,

2d. “That they should meet and settle their misunderstanding in a way becoming their rank in the service.”

To this Dr. Forbes replied, that with every disposition to act in a spirit of conciliation, after “*all that had passed* and the measures that had been taken,” he considered it futile thus late in the day for the parties themselves to enter into any private proposals. He adds, in a letter to Col. Dumaresq, that “he conceived himself bound to decline all communication with Mr. Guthrie,” allowing the public to judge as they shall think fit.]

* I have in my possession an admission ticket which exhibits a similar variation to that of the pupils.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 29.]

SATURDAY, JUNE 21, 1828.

[Vol. II.

SELECTIONS
FROM
LECTURES ON THE PRACTICE OF
PHYSIC.

By W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

(Continued from page 6.)

ON FEVER.

PREDISPOSING OR ACCESSORY CAUSES
OF INTERMITTENT FEVER.

THESE are the causes which belong to the patient himself.

The most striking of these are such circumstances as produce debilitating or exhausting effects on the constitution. Hence, perhaps, it is partly that the night air acts more injuriously on the constitution, in this respect, because the individual is generally weakened and exhausted by the labours and avocations of the day.

Such affections of the mind as depress and disappoint the individual, are fertile sources of this predisposition. It has been often observed, in every war, that an army which has advanced victoriously through a miasmatic country, and has escaped disease, will, after suffering reverses, in retreating through the same country, under exactly the same circumstances of weather and temperature, be dreadfully affected by its exhalations. The debilitating effects of fear are remarkable, as strongly predisposing to this disease. Hence it is that those who are most apprehensive of the effects of any endemic or epidemic influence, if they are obliged to pass through an unhealthy country, are much more apt to suffer, than those who are more careless about the consequences of being exposed to such danger.

There are two other supposed predisposing causes of this malady, which appear, at first sight, directly opposed to each other, in so much that they may be thus stated—namely, that those who have never had ague before, are predisposed to the disease; and those who have suffered from the disease, are also more susceptible of it than others.

This incompatibility, however, may be fairly explained. It is, in fact, true that individuals who for the first time visit a country in which miasmatic fever prevails, are generally affected by it, and this has been called their seasoning fever. Now it may be as well observed here, that it is said on pretty good foundation (such are the peculiarities of the miasmata of different unhealthy countries at a distance from each other), that a person seasoned in one part of the world is not secure in another, although the diseases which prevail in both are to all appearance very similar; in short, that a person seasoned at Batavia will not enjoy any immunity at Sierra Leone, and *vice versâ*: but in these cases of seasoning we suppose the person thus defended to be perfectly recovered in every respect from the fever which he has gone through. Now the other proposition is founded on very different data:—by it is meant, that if a person has suffered to such an extent from marsh fever as to have his constitution injured by it; if, as we shall see hereafter is often the case in the progress of the disease, the stomach, the bowels, the liver, or the spleen, have suffered permanent injury, I mean injury which survives the actual fever, so that the natural functions are afterwards very imperfectly

and laboriously executed, and the vital functions in consequence are proportionally interfered with and impeded, then the predispositions to fever are very powerful in the patient, and this susceptibility will remain until the functional disturbances just mentioned cease entirely. After this has taken place, and not till then, the patient may be considered to be *seasoned*, and to enjoy the advantages which we before said belonged to those who have already gone through this disease.

To illustrate this case it is only necessary to refer to those miserable biliting individuals who returned from Walcheren, after having suffered severely from the endemic of that country. These unfortunate persons were the subjects of fresh attacks of fever on the slightest provocation for several years after their return to this country; nor did they overcome this predisposition until their chylopoetic organs entirely recovered their health and vigour.

THE PATHOLOGY AND SYMPTOMS OF INTERMITTENT FEVER.

Let us now suppose that a person is exposed to the effluvium of marshy ground, or some similar miasma.

If he is in a state of predisposition to the disease—that is, if he has been subject to any of the debilitating or depressing circumstances already mentioned, as rendering the constitution prone to the malady in question—there is every probability that he will be immediately attacked by it, even if the miasma itself should not be of the most virulent character.

But even without these accessory circumstances, if the effluvium of the country which he inhabits, or happens to be passing through, be of a certain degree of concentration and intensity—especially if he is subjected to its influence at night—it is as probable that he will experience the ill effects of the exhalation as in the former case.

I will say more than this—that even without any of those circumstances which are calculated to aggravate the injurious influence of the miasma itself, it may still have a degree of morbid energy capable of infecting an individual with intermittent fever in the day-time, and without the assistance of any predisposing accidents whatever.

The next question is, what is the

usual period which elapses between exposure to the exciting cause of the disease and the actual commencement of the fever? In answer to this question, I should say that the dormant or latent period (as it is called) of which we are speaking, may be less than 24 hours, or it may be extended, (such are the varieties to which it is subject,) so as to occupy six, eight, or nine months. It is generally supposed, however, that ten days, or a fortnight, is the usual time in which the patient sickens, after having imbibed the febrific miasma. Nevertheless, the instances of the suspension of the effects of these exhalations, even to the end of many months, are recorded on such authority as to preclude any doubt respecting their occurrence, however rare we may believe them to be.

It has been observed, also, by writers on this subject, that the longest periods of dormancy have occurred exclusively in cold or temperate climates; the shortest, only in the hotter countries; and it has been also said, by those who have had the best opportunities of ascertaining this point, that, *cæteris paribus*, the disease will be most violent in those cases in which it appears soonest after the occasional cause has been applied to the body; and also that the rapidity of its production will be in proportion to the quantity and concentration of the noxious exhalation itself.

The different species of intermittents are known to have certain peculiarities, and to bear certain relations to each other with respect to their symptoms. To these we will now briefly advert.

The *interval* between two paroxysms is the time which passes between the beginning of one paroxysm and the beginning of the following one, and must not, therefore, be confounded with the *intermission*, which is the time between the end of one paroxysm and the commencement of the next.

The quotidian interval is 24 hours; the tertian, 48 hours; the quartan, 72 hours. The paroxysms of intermittent may be *anticipated*, without any good or evil effect as to the general result. If, however, they are *delayed*, it is considered to be an occurrence of good omen.

A tertian, with a slighter paroxysm in the intermediate days, is called a double tertian by writers; and a quar-

tan, with this quotidian attack, is called a triple quartan. These, however, are all better considered under the head of irregular quotidians than under the fanciful names given to them by nosologists. There are many other varieties, such as semitertians, semiquartans, &c. mentioned by authors. They are, however, distinctions of no practical importance whatever: if any one is curious about them, he will find them all amongst the *varieties* of *intermittents* in Cullen's nosology.

Quotidians often become tertians, and tertians are not unfrequently converted into quartans.

It has been remarked that quotidians and tertians are more prevalent in spring, and quartans and irregular intermittents, and remittents, in autumn. It is quite certain that agues are more easily cured in spring than in autumn, and that quotidians and tertians are more easily controlled and cured than quartans; and also that the more regular the type of an intermittent, the less obstinate is the disease. Tertians, therefore, and quartans, are more easily cured than double tertians, or semitertians, or than triple quartans, and so on.

It is observed by Fordyce, that, in quotidians, symptoms of strong action of vessels predominate; in tertians, that the symptoms of the first, or cold stage, are most violent; and that, in quartans, those of weakness predominate. There is some truth in these distinctions, but they admit of so much variety and modification, that they are, on the whole, of little use in practice.

Another circumstance remarked by systematic writers, is, that a quotidian occurs in the morning, the tertian in the middle of the day, and the quartan in the evening. There is some foundation for this remark also, but it is by no means universally true, for I have seen tertians occurring in the morning, and quotidians in the evening.

Having premised these general remarks on the different species of ague, or intermittent fever, I will proceed now to describe a paroxysm; and, in doing this, I will endeavour so to connect the symptoms with the pathology of the disease, that they may reciprocally illustrate each other. The paroxysms of all kinds of intermittent fever are essentially alike, and may be described at once as follows:—

A person, apparently in good health, is attacked with a sense of fatigue and exhaustion, without a sufficient cause. He has dull muscular pains, particularly of the back and loins, (which differ from the sensation produced by strong exertion, inasmuch as they are not relieved by lying down, as the latter would be). There is a sense of chilliness, whilst the temperature of the skin remains at, or perhaps above, the natural healthy temperature of the body. There is also a sensation as if cold water were running down the back; which is soon followed by a creeping sensation over the surface of the body, with an erection of the papillæ of the skin. The two last mentioned symptoms are called respectively *horripilatio* and *cutis anserina*, by medical writers. After this state of things has continued for some time, the shiverings become distinct and very distressing; the face and extremities are altered and shrunk, and the whole skin contracted. A dull, heavy pain of the head now comes on, and the mind often becomes somewhat stupified; the powers of attention and recollection seem diminished; the sensations are all depraved; there is a total loss of appetite; and nausea, and often sickness, supervene. The pulse is in general small and frequent; occasionally it is not accelerated, but it is always small. The respiration (which generally keeps pace with the pulse, except where either the heart or the lungs are diseased) is also hurried and laborious; yawning frequently occurs; the tongue is white; the mouth clammy; the urine limpid; the bowels torpid.

I think no one who hears this account of the symptoms of the first stage of a paroxysm of an intermittent, can for a moment withhold his assent to the supposition that its cause is a peculiar oppression under which the brain and nervous system are labouring. We have the intellectual powers diminished, the sensations impaired, the exhalants and secretories acting imperfectly, the excretions unnatural and incomplete in character; in fact, every function of the body, whether animal, vital, or natural, so laboriously and imperfectly executed, as to make it obvious that the organs themselves are now destitute of those energies which render all their processes easy and almost imperceptible to the individual himself in health. Those ener-

gies, we know, must be derived from the brain and nervous system; and we say, therefore, that when their supply from the brain to the whole animal œconomy is deficient, that the brain itself is oppressed, and to a degree, as it were, benumbed. I might enumerate many other minute symptoms of the cold stage. Having given you, however, the essential ones, and afforded you in the pathology of this stage of fever, a key to the rest, I will not occupy your time unnecessarily in attempting to enumerate all the minute, and infinitely varied effects produced by the depressing influence of which we have been speaking.

This stage of fever sometimes lasts several hours, sometimes it is terminated in less than an hour. Dr. Fordyce mentions two hours as the usual or average time of duration of the cold stage.

The death of a patient in the cold stage of a recent ague is not a common occurrence, especially in temperate countries. It does, however, sometimes happen when the symptoms are peculiarly aggravated from the intensity (as may be supposed) of the miasma; or from some extraordinary defect in the constitution of the patient. In these cases the prostration of strength is excessive, and the rigors are increased until they amount to convulsive spasms of all the muscles. Syncope occurs, and no reaction taking place for many hours, the patient's vital powers are thus entirely exhausted. I suspect that some of the cases which have been described under the name of spasmodic cholera in hot countries, ought rather to be considered as instances of the aggravated effects of the febrific effluvium on the brain and nervous system. If death occurs under these circumstances, the appearances on dissection are as follow:—

The capillary vessels of all the external parts, as well of the head, are found ill supplied with blood; whilst the larger venous trunks are found charged with blood: the heart is found loaded with grumous blood, and the whole mesenteric and portal system are found highly injected with dark-coloured blood.

It is a fair question to ask why the capillaries of the liver, stomach, and bowels, are found loaded in this stage of the disease, when those of the extremities are nearly empty? It might be

sufficient to answer, that this arises from some peculiarity in the distribution of the nervous energy, (on which the distribution of the blood depends) during this stage of fever; but if a mechanical explanation is required, I should say that these appearances may perhaps be accounted for by supposing, that from the defective force of the heart's action the circulation is impeded within that organ, and the venous blood thrown back into the liver; that this, when gorged, immediately offers a new impediment to the entrance of the blood by the vena portæ, and is a sufficient cause for its accumulation in the coeliac and mesenteric vessels.

I will now proceed to describe the hot stage.

The first evidence of the approach of the hot stage are transient flushes of heat, which subside and again appear, till at length the disposition to heat seems to overcome the causes of the first or cold stage, and the hot stage is established in its stead. There is, however, this important difference between the cold and hot fit, that whereas in the former the patient often (from depraved sensation) thinks himself cold when he is thermometrically hotter than when in health; that in the hot stage the absolute temperature of the body is increased often to 103 or 104 of Fahrenheit. As the hot fit comes on, the colour of the skin, from being pale, becomes at first partially, then generally red, and the skin itself sometimes turgid and hard. The restlessness of the patient is intense. The dulness, and heavy headache of the first stage, frequently give place to acute and throbbing pains of the head, and in severer cases to delirium: the sensibilities are often increased. The character of the respiration is somewhat changed; it is freer, but attended with much hurry and anxiety. The pulse becomes strong and hard, as well as frequent. The tongue is now furred with a brown coating, dry towards the central line. There is often almost intolerable thirst, with vomiting. The urine becomes high coloured, but is clear, the colouring matter being abundant, the salts deficient in quantity. The bowels still remain torpid.

It is not difficult to believe, that if the cold stage, as before described, arose from diminished energy in the brain and nervous system, the symptoms just enumerated are to be attri-

buted to their over excitement; and in the transition between these two states, there is evidently a struggle or contest between the exciting causes of each; and it is a remarkable circumstance, which has been observed by several writers, corroborating this view of the pathology of the disease, that there is a point at which the opposite states have as it were counterpoised each other, and this balancing of opposite forces produces a short remission of disease; but very soon the flushings become more intense, and the hot stage, as before described, establishes itself in the patient.

If a patient dies during this stage of fever, the appearances on dissection are very different from those which are found after a fatal result of the cold stage. The capillaries are all charged with scarlet blood throughout the interior and exterior parts of the body. The brain and its membranes are charged with arterial blood; the bronchial membrane is often found throughout the lungs highly injected with blood of a scarlet colour. The bowels are in a similar state: the liver also is found gorged with blood, and often overflowing with bile. I do not here enter upon the organic alterations produced by repeated attacks of intermittent fever, because they more properly belong to another head of our subject.

After the continuance of the heat for some time, a perspiration breaks out; at first on the forehead, and this is followed by general and profuse sweating. This perspiration is accompanied with an extraordinary relief of all the distressing symptoms of the former stage. The functions of respiration, circulation, and digestion, are restored to temporary health. The kidneys, which have hitherto done their duty imperfectly, now secrete urine more than usually charged with its ordinary salts, inasmuch, that on cooling there is a plentiful lateritious deposit. The tongue in an hour or two becomes clean, or nearly so: the expression of the countenance recovers its natural composure. I am now speaking, of course, of a recent intermittent, one at least that has not gone through many paroxysms. If it be an old case, the intermissions are not marked by so perfect a return to health as the state just described; for although the fever subsides, there remains a heavy expres-

sion of countenance, a muddy colour of skin, depressed spirits, and a very imperfect state of the digestive powers; for although I am not supposing that in these cases any structural disease of the stomach, liver, and bowels, has taken place, yet after repeated attacks of congestion in these organs, it is easy to conceive that their powers may be to a certain extent impaired.

Hence, in fact, the obstinacy of cases which have lasted for some time before proper treatment has been applied to them; for this very state of the chylo-poetic viscera, which has been produced by the continuance of the disease, becomes itself an aggravating cause of the fever whilst it exists, and is, if I may so call it, a re-exciting cause of it when it seems to have ceased.

It is on this account that persons who have already suffered much from any endemic fever, (such as the Walcheren ague) instead of being protected afterwards from the influence of such effluvia, are more than ever subject to the disease, until their general strength and tone, and particularly the powers of the digestive organs, are fully restored to the integrity of health.

I have thus brought you, gentlemen, through the description of a paroxysm of intermitting fever. We have now arrived at the intermission. If the disease is not cured, it will of course, at the end of the period of the interval, present a series of the same symptoms which we have just described, and in the same order.

DIAGNOSIS.

There is no disease with which intermittent fever can be confounded except some forms of hectic fever, which may at first sight be mistaken for paroxysms of a quotidian intermittent. A little careful observation, however, will easily distinguish these two diseases.

In the first place the complexion in hectic is clear and florid; in ague it is muddy and yellow. In the second place, hectic fever has its most distinct exacerbation in the evening, whilst a quotidian intermittent comes on for the most part early in the day.

In the intermission of ague the pulse comes down to the natural standard, or near it; and the heat and harshness of the skin subside. In hectic the pulse seldom falls below a hundred in a minute, and the heat of the skin is

very apparent at other times as well as during the paroxysm.

In ague, the tongue, which is clean in the intermission, generally becomes furred and dry in the hot and sweating stages, but in hectic fever it is very little affected beyond a slight whiteness, with which it sometimes is covered, over a redness of the general substance of the tongue. (The slight change that the tongue undergoes in phthisis pulmonalis is remarkable).

The urine in ague deposits on cooling a lateritious sediment, whilst in hectic the deposit is of a pink colour. This remark we owe to Dr. Prout: he says, that acute and inflammatory febrile diseases produce the brick dust sediment, consisting of the lithates and purpurates of ammonia and soda, distinctly tinged by the peculiar colouring principle of the urine; but that hectic fever and chronic visceral diseases are marked by the pink sediment, which consists of the above mentioned salts without the colouring principle of the urine; which principle, the kidneys, under such circumstances, are said to be incapable of secreting.

These are the ordinary distinguishing features of the two diseases under consideration. But it is not often that we are obliged to have recourse to these distinctions; for the suppurations which excite hectic fever are for the most part evident enough. Now and then, however, a case will occur requiring all the acuteness which we can summon to our assistance, to enable us to come to a right conclusion on this head. There are, in fact, the most extraordinary anomalies in all diseases, which may for a time perplex the most skilful and vigilant practitioner. We will suppose a case of this kind: a person with a naturally sallow bilious complexion is attacked with phthisis pulmonalis; he applies to a physician, and tells him that once every day he has a shivering followed by heat and perspiration. The physician feels his pulse, and finds it soft and nearly natural in frequency; (for in spite of what I have said before respecting the constant frequency of a phthisical pulse, there are certain phlegmatic constitutions in which even phthisis itself will not accelerate the pulse) his appearance then, and this description of the symptoms, satisfy the practitioner that it is a case of intermittent, and he begins the treatment accordingly;

which treatment, probably before his next visit, has aggravated the pulmonary symptoms to such a degree as to leave no room for any longer doubting about the real nature of the complaint.

On this head, however, I should give this general rule, at least to all those who practise in London, and in other places similarly situated, and in fact to all those who have not been called on to follow their profession in marshy or fenny countries:—it is this, that in all doubtful cases your first suspicions should be directed to the probability of the disease being hectic rather than intermittent, for the former is infinitely more common than the latter; and at all events, until you have ascertained the point in question, you should be sure that you do no harm. A saline draught, with xv or xx minims of liq. ant. tart. is a safe medicine under such circumstances; or an ounce and a half of distilled water, acidulated with ten minims of diluted sulphuric acid, and sweetened with a drachm of syrup of tolu, will be grateful and innocent, and perhaps serviceable towards controlling the perspiration. By using these means for a day or two you will do no harm to the patient, if the fever turns out to be an intermittent; but on the other hand, if you treat an obscure case of hectic as if it were an ague, I need not say that you may light up a new inflammation in the seat of the original disease.

These observations will suffice on the subject of diagnosis.

[To be continued.]

ABSTRACT OF A CLINICAL LECTURE ON

TREPHINING THE TIBIA.

BY B. C. BRODIE, F.R.S.

June 7th, 1828.

WE are in the habit of trephining the bones of the head, not only for injuries received, but also for diseases independent of injury. Thus, if there be an abscess beneath the bone, or in the diploë; or if the inner table of the skull be more exfoliated than the outer, and wedged in by it, the trephine is had recourse to.

Diseases similar to those which affect the cranium may occur in other bones; but the application of the trephine is not

attended with the same facility in all. The brachium and femur, for instance, lie at a considerable depth from the surface, and are covered by a variety of parts, making an operation of this kind extremely difficult. The tibia, on the contrary, is covered in a great part of its extent only by the common integument and fat, and admits of the use of the trephine as readily as the cranium.

There are many occasions on which the operation of trephining the tibia may be done with great propriety.

“CASE*.—James Calcott, æt. 49, was admitted on the 28th of this last May, with a yellow wart-like fungus, of about the circumference of a crown piece, arising from the front of the tibia, and protruding through an ulcerated opening of the skin. It was not very painful, though extremely tender to the touch. If a probe was introduced through the fungus, it struck against the surface of some exposed bone. Though the fungus itself was not painful, yet the man suffered considerable pain in the limb, which started at night, and disturbed his rest. Around the fungus there were several cicatrices of old sores.

“About 27 years ago he received a blow on the shin from an anchor, which was followed by a large abscess. He was at that time a sailor in the Mediterranean, but was sent home and admitted into a Naval Hospital. Whilst there, a large piece of bone was taken away, and the sore healed. About 14 months ago he again struck the *knee*, and another abscess formed. He was then admitted into the hospital, and exposed bone was found at the bottom of the abscess. The exposed bone was supposed to be dead, but as it was not loose, he left the hospital till it should be in a fit state to be removed. Soon afterwards the fungus began to shew itself, and the patient was re-admitted.”

Here, you see, was an ill-conditioned fungus situated on the tibia, and appearing to be connected with the bone or periosteum, or both. The appearance of the excrescence was very similar to one which I removed at this hospital from a soldier's back, and which arose in the cicatrix of a wound received in being flogged 20 years ago.

If such a disease existed in the softer textures, you would certainly remove it, as well as the parts from which it grew. In the present case (James Calcott's) I might have pared away the excrescence with the knife, but the bone from which it originated would have still remained, and I thought it better to remove or destroy the whole of the parts that were implicated, or likely to be implicated, in the disease. It was formerly the practice, under such circumstances, to kill the bone with the actual cautery or caustic, and produce an exfoliation. By such a proceeding, however, the bone is not destroyed to any considerable depth, and the cure may or may not be accomplished. Besides, the application is excessively painful at the time, and even if recovery does take place, it is slow and tedious, occupying weeks, or even months.

The saw and chisel are, in my opinion, infinitely preferable to the cautery or caustic; because the cure is not only more expeditious, but more certain, as you can remove the bone down to its medullary canal. The trephine, when it can be used, is better than the straight saw, being worked with more facility, and getting through the bone in half the time.

On the 5th of June, then, having pared off the fungus, and ascertained the bone beneath to be denuded of its proper periosteum, and more vascular than usual, I made three or four applications of the straight saw and the trephine, and took away a considerable portion of the bone, quite down to the medullary canal. The preternatural vascularity of the bone passed no deeper than about a quarter of an inch from the surface, and yet I went on with the trephine till I came down on the medulla, in order that the operation might be effectual. The cavity which is left will fill up by granulations, which will spring from the medullary membrane, and reach the level of the surrounding bone; or which, if not restrained, will even rise higher than this. These granulations from the medullary membrane will afterwards become converted into new bone, and will be of essential service in this case, where the periosteum being destroyed by the disease, no new bone to fill up the space made by the trephine can be derived from this source.

This then is one case in which the

* This case was read by Mr. B. from the Clinical Book, from which we have copied it.

tibia may be trephined with much advantage, but not the only one.

Inflammation not unfrequently takes place in the tibia and its periosteum, when the latter invariably takes on the process of ossification, and becomes converted into bone. In every case of this kind, you see the periosteum thickened, and of a half gristly and half gelatinous structure, whilst new bone is secreted either in its substance, or on its inner surface. After inflammation, then, the tibia is considerably increased in size by this preternatural deposit; but if the inflammation should subside, without producing further changes, the mischief ceases, the new bone, by degrees, becomes absorbed, and at last the tibia resumes its natural diameter and shape.

Unfortunately, however, in the greater number of cases the disease proceeds further. The medullary canal becomes choked up with new and spongy bone; and in the centre of this abscesses form, which, after a time, (frequently a very long time,) burst externally. Having once an opening, these abscesses shew but little disposition to heal.

Each abscess becomes a kind of fistulous sinus, leading to the centre of the inflamed bone. When a probe is introduced into it, the extremity of the probe, in many instances, comes in contact with a small fragment of dead bone; while in others you perceive, by means of the probe, a portion of bone which is exposed and ulcerated, or carious, but not actually dead.

CASE.—Mary Wilton, ætatis 12, was admitted on the 18th of October, 1827, under the above circumstances.

She was a girl of a scrofulous appearance, who lost the right leg eight years previously for disease of the knee-joint, and was admitted with six or seven sinuses, communicating with the bone on the inner and front part of the left tibia. Health in a very good state.

On the 22d of November, a trephine was applied a short distance below the knee-joint, and a portion of the tibia removed, which formed a bridge over a small piece of dead bone. This was also taken away, and the wound was dressed with lint.

“The opening made by the trephine became filled up with granulations, and the wound healed readily. But there were still some sinuses left lower down on the tibia, which continued open, and through which a probe could be passed

into the centre of the bone. It was, therefore, thought advisable to apply the trephine again in the situation of these other sinuses. This operation was accordingly performed on the 3d of April. Three circular portions of bone were taken away, so as to expose completely the bottom of the sinuses and the medullary canal, which was not in this case obliterated.

At the present time (June 6th) the wound is nearly healed, there being very little depression to be now seen, although so much bone has been removed; and there are no remains of the sinuses.”

Another effect of inflammation of the tibia is death of a considerable portion towards the surface, or even of the whole thickness of the shaft, down to the medulla. Any part which is inflamed may mortify; and bone will mortify more readily than the soft parts, because its vitality is less. The death of the bone is termed necrosis, which sometimes is confined to a small portion of the shaft, and sometimes extends throughout the whole of it, from epiphysis to epiphysis. The bone being dead, the living periosteum is attached to it no longer, but separates, inflames, thickens, and ossifies, throwing down a deposit of new bone on the outside of the dead, which is consequently locked up within the former, and constitutes the “sequestra.” The boy at present in the house, under the care of Mr. Rose, is a very good example of this disease*. Mr. R. took away a considerable portion of the bone, but in some cases you may remove much more.

A girl was admitted into this hospital, in whom the whole shaft of the tibia was dead. I trephined the new bone, removing as much as seemed necessary; then divided the dead shaft across its centre, and drew away first the upper half and then the lower, completely dislodging the whole tibia except the epiphysis. In these cases the new bony matter by degrees becomes reduced in size, and in a year or two recovers very nearly its natural shape. The girl, to whom I just alluded, presented herself at the hospital last year, and the tibia, which had been trephined some years ago, looked as small and slightly as its fellow.

In this, and in all other cases in which you apply the trephine to the ti-

* Case of James Tilly, related in the Hospital Report of the present number.

tibia, if the periosteum be in a natural state, or simply inflamed and thickened, you should endeavour to preserve it, viewing it as a manufactory of new bone to supply the place of that which you take away. The first step of your operation should be to divide the soft parts down to the bone, and then you should peel the periosteum off the bone with the handle of the knife, so as to leave it attached to the skin, replacing both as nearly as can be in their natural situation after the operation is over.

There is another disease of the tibia requiring the trephine, I mean an abscess in its centre without external opening, which may remain for many years, and render the patient's life completely miserable. If an abscess forms in soft parts, you puncture it with a lancet; but when it forms in the centre of a bone, you are to open it with a trephine. The principle is the same in both; the mode of acting on it necessarily differs.

The first thing which particularly drew my attention to what I have now mentioned, was the case of a gentleman, who applied to me with an enlargement of the lower extremity of the tibia. The pain was excruciating, and at times he had such violent attacks of it as to confine him to his room for months together. When I saw him he had been suffering in this way, at intervals, for thirteen or fourteen years, and he declared to me that his life was completely miserable. As I have before observed, nothing could be seen externally, save the enlargement of the lower end of the bone. I met Mr. Travers in consultation on the case, and we agreed to amputate the leg, which was done accordingly. On dissection of the limb, we discovered in the tibia, about half an inch above the ankle-joint, a cavity about the size of a walnut, which contained discoloured pus; whilst the cancellated structure around it had been converted into hard and almost solid bone. The preparation of the ankle is in my possession.

It struck me when I saw the issue of this case, that should a similar one occur to me again, I would open the abscess with the trephine, and such an opportunity did occur.

A gentleman consulted me about three years ago for a complaint supposed to be seated in the knee, and which had been treated by an experienced practitioner, in the neighbourhood of town, with ad-

hesive plaisters and bandaging, without any relief. I found, however, that the knee itself was unaffected. The disease appeared to be a chronic inflammation of the bone and periosteum. I made a free incision through the skin and periosteum, so as to relieve the tension of the latter; and put my patient through a course of sarsaparilla, under which treatment the inflammation of the periosteum subsided, and the patient appeared to be getting well. This last winter, however, he came back to me, with a return of the disease, situated (as it appeared) in the head of the tibia. That part of the bone was much enlarged, and the pain was so agonizing as to prevent his rest at nights, and almost deprive him of his senses. I had recourse to blisters; calomel and opium; sarsaparilla; belladonna plaster, with little or no effect, when I was struck with the similarity of the symptoms with those which I had witnessed in the former case. The only difference was this, that in that instance, the enlargement and pain were in the lower, and in this in the upper, extremity of the bone.

As other remedies failed, and as it was impossible to make the patient worse, I resolved to take my chance of discovering an abscess. The patient pointed to a particular spot as the centre of the agonizing pain which he suffered, and here I divided the periosteum and peeled it off. I then applied the trephine as deeply as the instrument would go, and took away a circular piece of bone. Soft bony matter only was exposed, but on breaking it up with the elevator, I thought I saw some yellow fluid. I broke up still more of the bone, and opened into a distinct abscess, from which issued about a couple of drachms of pus. I took away bone enough to leave a ready exit for the matter. The gentleman was free from pain that night, except what belonged to the operation, and has never suffered any pain since. I saw him a fortnight ago, when the wound was nearly healed, and the patient going to the country.

These, then, are the cases in which the tibia may be advantageously trephined. First, where a fungous growth arises from, or takes attachment to it. Secondly, where an abscess forms in the centre of the bone, having an external opening. Thirdly, in necrosis; and, Fourthly, which is the rarest of the whole, when an abscess forms in the

centre, without any opening externally, but where there are certain symptoms enabling you to determine the existence and the situation of the abscess.

MEMOIR

ON

A NEW METHOD OF TREATING
ARTIFICIAL ANUS.

BY BARON DUPUYTREN.

(Concluded from page 51.)

I WILL now detail the first case in which the enterotome was employed.

— Menage, æt. 26 years, had suffered from his infancy from an inguinal hernia on the right side, which had never been attended to, and became strangulated on the 2d January, 1815. At the termination of the 6th day, after vain attempts made at reduction, the operation was performed. The intestine was in a state of mortification, and the fæces passed by the wound. In spite of every means, an artificial anus became established, by which all the evacuations passed. They presented themselves at the aperture generally about an hour and a half after a meal, and they were passed, not in the order of their introduction into the stomach, or in that of their digestibility, but rather in relation to the quantity of nutritive matter contained in them; those containing but little nutriment passing out first. The man's appetite became enormous, notwithstanding which he daily lost flesh and strength. About eight weeks after the operation, he experienced violent colic, followed by evacuations per anum, and these were renewed at long intervals.

Such had been the state of Menage for a year, at the end of which time he was admitted into the Hôtel Dieu. The artificial anus was about half an inch in diameter; it was bordered by irregular tumors, arising from the puffing up of the mucous membrane of the intestine, behind which appeared, whenever the patient made the least exertion, a hernia which raised it up, and carried it outwards, giving rise, sometimes, to an invagination of the intestine; the neighbouring skin was extremely irritated; the man suffered great pain, and

the stench he emitted was excessive. The patient was eager to have some attempt made to cure this infirmity. My first step, after appeasing the irritation of the skin, was to determine the position of the two ends of the intestine, which were drawn downwards by the hernia situated behind the artificial anus. At length I discovered the direction of the extremities, as well as of the buttress and partition; and immediately I introduced separately the blades of the enterotome, to the greatest possible height, into each of these ends; and after having fastened them together, I closed them moderately; the patient experienced no pain; they were tightened on the following day, and some colicky pains ensued. In a few days, the blades of the enterotome became a little moveable; about the sixth day there were abundant evacuations by stool; the instrument fell off on the eighth day; the blades contained nothing but a membranous band, in which all the tunics of the two adhering parietes of the gut were cognizable. The length of this membrane, which was as thin and dry as parchment, was twenty lines, by two in breadth: this was the exact measure of the depth to which the instrument had been conveyed, and consequently that of the loss of substance which the partition of the intestine had undergone. From this time all the fæces passed by the natural anus, and their escape by the artificial one could be prevented by pressure; however, although this was a good deal narrowed, it did not heal up: to obtain this desirable end, various means were employed—compression, bandaging, sticking-plaster in strips, the use of nitrat of silver, &c. Seeing the obstinacy of this opening, now little more than a line in diameter, I excised the edges, and brought them together by means of the twisted suture; and afterwards employed a particular instrument for making pressure. At length, after four months labour, I had the pleasure of presenting this patient, entirely cured, to the Faculty of Medicine.

In order to apply the instrument, it is necessary, first, to seek for both the orifices of the intestine, and to determine exactly the direction of the canal. This is the most difficult part of the operation. The upper orifice is, indeed, easily found; but, to discover the lower, the finger, or a soft probe, must be em-

ployed often, for several days. These points being ascertained, and the patient placed upon his back, one of the blades of the enterotome is directed, by means of the index finger, towards one of the orifices of the gut; it is placed within this orifice, which it is made to penetrate, according to the nature of the case, one, two, or three inches in depth. This done, this blade is given to an assistant, and the second blade is introduced, with the same precautions, and to the same height, into the other extremity of the intestine; the two blades are then brought together, and articulated in the manner of a pair of forceps, by putting the tenon of the one into the mortise of the other. It is sufficient at first, to take hold of the intestine, and to bring the blades of the instrument together in the same way as when cutting with a pair of scissors. The action of the enterotome being intended to be slow and gradual, it can only be kept up by mechanical means. This is done by the screw. The power of the blades is such as to destroy the life of the parts embraced by them. The pressure ought to be so managed as to destroy the life of the part from the first day; it is by so doing that the pain and inflammation are prevented. This pressure is to be increased every other day, by giving the screw a turn or two. It might appear, at first sight, that an instrument carried to such a depth into the abdomen, and pressure made to such an extent as to destroy the parietes of the intestines, would produce colic, vomiting, inflammation, and other severe accidents—but such has not proved to be the case. Indeed, few of those to whom the instrument has been applied, have experienced any but very slight pain: a very small number have suffered from colics and vomiting; the fæcal matters have preserved their course; the inflammation has been confined to the portions laid hold of by the instrument, and has not been communicated either to neighbouring or distant parts. After a few days, the instrument becomes a little moveable: this mobility increases day by day, until it falls off without any pulling, pain, or bleeding; and this happens always between the seventh and tenth days. When it has fallen out, the blades are found nearly closed, containing within them a membrane similar to that above described.

Maceration in water shews the nature of this membrane. It is by this loss of substance that the buttress and partition separating the two ends of the gut, are destroyed, and the proper course of the fæces thereby re-established. These evacuations sometimes precede the falling off of the instrument, and at first are white and albuminous, consisting of matters contained in the lower part of the intestine only; and afterwards, they become stercoraceous, being transmitted from the upper portion. At first they are numerous and liquid, with pain, gripings, and straining; they gradually become more solid, and less frequent; the appetite becomes moderate, and the strength and flesh are restored. The most difficult part of the cure remains—that is, to obliterate the false external opening. Many weeks are requisite to accomplish this.

The following case proves, that the above plan is equally applicable to those instances of artificial anus resulting from wounds attended with loss of substance of the intestine.

Louis Tubert, aged 42, was admitted into the Hôtel Dieu, in March 1824, with an artificial anus. This man was of weak intellect, small of stature, with a yellowish muddy complexion, extremely thin and feeble. Eighteen years prior to the date of his admission, he had produced a rupture at the ring of the left side, in consequence of a violent exertion. The volume of the tumor increased insensibly; so that, at the end of fifteen years, it had acquired the size of an infant's head, and was, in a great measure, irreducible.

Believing himself to be an object of ridicule on account of this infirmity, Tubert conceived that he should be able to rid himself of it by an operation. Without communicating his plan to any one, he made a large incision in his scrotum, opened the hernial sac, and gave issue to a knot of intestine eighteen inches long. He then became alarmed, and sent for a surgeon, who, with some difficulty, reduced the gut, and the patient got well; but the hernia remained—for, considering a bandage as merely a palliative cure, he refused to wear one. He still continued to cherish the notion that he could cure himself by an operation; and brooding over this for about three years, at length, during the absence of his wife, on the 22d February, 1824, he made

another incision into the scrotum, opened the hernial sac, and, bolder than on the former occasion, he laid hold of the intestine and cut off a portion. The pain, bleeding, and the issue of fæcal matter, however, alarmed him, and he once more sent for his surgeon, who enlarged the opening in the scrotum, found the two extremities of the divided gut, and reunited them by several points of suture. These failed in uniting the intestine, but they produced inflammation of its extremities, which united them to the lips of the wound, and thus an artificial anus became formed. The part removed was a portion, two inches and a half in length, of the small intestine; it did not form a complete cylinder, but was interrupted at two points, one for the extent of about half an inch at its extremity, and the other about the centre, rather larger on its mesenteric side. On his admission into the Hôtel Dieu, there was found, on the left side of the patient's scrotum, a long tumor, extending from the ring to the bottom of the scrotum; it was hard, shining, partly reducible, and exhibited, at its lower and anterior part, a wound of a vivid red colour, formed below by the scrotum, above by the two ends of the intestine, reverted and twisted upon each other so as to make several turns. They were placed side by side: that on the right gave issue to some fluid fæces, mixed with undigested matters, such as pieces of carrot or other vegetables; this was continual and involuntary. The other end of the intestine was retracted, and did not discharge any thing. The patient was in a filthy state, rendered worse by the habit so common to maniacs—that of handling the excrementitious matter. He suffered also from colics, as well as from a fixed pain and tension in the left iliac region. After the lapse of a few days, the two reverted ends of the intestine were reduced, and a compressive bandage applied to the artificial anus; enemata were then administered, and a regulated diet established, but pressure could not be borne; it was tried several times, but always occasioned symptoms rendering it necessary to abandon its use.

The man continuing to waste, I determined to seek for the disposition and connexions of the two extremities of the gut. I found that the upper, or

stomach end, was situated at the bottom of the scrotum, where it formed inextricable circumvolutions, and that the *rectal* end led directly to the ring. This situation of the upper end of the gut, caused me to hesitate as to any attempt at a radical cure; but, at length, the urgent entreaties of the patient, who had heard that similar infirmities had been cured, induced me to make the attempt—especially since the patient's mind became so intent upon this plan, that I dreaded his making an attempt at a third operation himself. I accordingly proceeded on the 31st May, in presence of MM. Larrey, Aumont, and Sanson, to introduce the blades of the instrument, separately, into each extremity of the gut, passing them in as deeply as possible. The upper blade could only be carried to a depth of from two and a half inches to three, and in this situation I was obliged to close and fix the instrument. On the first day there was no pain; the next day there was an œdematous swelling, and some redness at the edge of the artificial anus, but still there was no pain. On the sixth and seventh days, slight colics were felt; the eighth day the instrument fell off, and the two extremities of the intestine formed but one canal. From this time, clysters were given every day; foetid gas passed per anum; but the fæces still made their way by the artificial anus, and therefore the patient continued still to become thinner and weaker. After the lapse of a fortnight, Tubert conceived that he had passed fæces by the natural anus, and the volume of the tumor diminished. Some time after this, pains in the belly began to be felt: their violence at first threatened to exhaust the man's remaining strength;—however, the evacuations became established in the proper channel, they acquired regularity, and the patient's strength and flesh in some measure were restored. The size of the tumor gradually decreased, but still some fæcal matter passed by the artificial anus: to arrest this entirely, I applied an apparatus for the purpose of holding in contact the lips of the wound. This compressor is composed of two segments of a circle, very open, of equal size, a few inches long, and some lines only in breadth, placed parallel to each other, each surmounted by a shank of an inch and a half high;

these shanks are united by a cross-piece fixed to one, and moveable upon the other, which receives it in a groove, with which it is pierced. Beneath this cross-piece is a screw, which rests upon one of the shanks and moves upon the other; and the movements of which to the right and left, produce, as required, either the separation or approximation of the compressing arches. These being padded with linen, or stuffed, are separated—the skin in the vicinity of the artificial anus is raised up, and the fold which it forms is insinuated between the arches; a slight motion given to the screw, from right to left, bring these segments of the circle together, and thus the artificial anus becomes so compressed that nothing can pass through it. When this compressor was applied to Tubert, it happened as I expected; nearly all the faecal matter took its natural course; the little that still continued to ooze out was suppressed by an increased constriction of the instrument, and then, for the first time, a smile was seen upon the patient's countenance. However, the instrument sometimes got loose, and at others produced excoriations of the parts, and then the faeces began again to flow from the wound; and this occurring several times, gentle and constant pressure with a bandage was substituted. From the period that the excrement passed by the natural channel, the patient rapidly recovered his flesh and strength, so that his appearance alone was sufficient to shew whether there had been any discharge from the artificial anus or not. A triangular flap of skin, situate at the upper part of the artificial anus, resulting from the irregular incision made by the patient, seemed well adapted to close what remained of the aperture; this flap was therefore touched with solution of lunar caustic, as well as the edges of the opening, and it was then applied and maintained in this position by the assistance of a proper bandage. The flap united, as was expected, and completely closed the opening—thus perfecting the cure in something less than five months.

I could greatly multiply the examples of cure by the method above related, but the detail of a number of cases would add nothing to what I have already said; it will be more useful to give the general result of the operations I have performed according to the method above described.

This method is not theoretical, neither are the cases of artificial anus so uncommon as to render the relation of this plan a matter of indifference. Every year a certain number of such cases is admitted into the hospitals of the capital, and doubtless many hundreds exist throughout Europe. The result, then, of the facts collected in my practice, and as well as of those communicated to me, or made public by different medical men, is, that forty-one operations for artificial anus have been performed by means of the enterotome; that is, twenty-one by myself, and twenty by other practitioners; among whom I am proud to reckon M. Lallemand, Professor at Montpellier, one of my most distinguished pupils. Three-fourths of these operations were rendered necessary in consequence of gangrene from strangulated hernia; the other fourth, in consequence of wounds, with loss of substance of the intestine, to a greater or less extent. Of these forty-one operations three only have been followed by death; one from a presumed effusion of faecal matter into the abdomen, one from indigestion, and one from peritonitis, caused no doubt by continuity of surface between the parts interested in the operation and the peritoneum. Of the thirty-eight remaining patients, by far the greater portion experienced no serious symptoms; some few were affected with nausea, vomiting, or pains in the belly, but these were remedied by simple means. The whole number were not equally well cured. Nine have preserved, in spite of every thing that could be done, fistulous openings, more or less in extent, which have obliged them constantly to wear a bandage. *Twenty-nine have been radically cured in the space of from two to six months.* Thus, in considering the danger of the operation, it has caused death in one case out of fourteen only; and if the death by indigestion, which ought not reasonably to be attributed to the operation, be excluded, the proportion of the death is reduced to one in twenty.

[This memoir, although but just published, was read four years ago at the Academy of Sciences, and a considerable number of operations with the enterotome have since been performed in several countries of Europe; the result of which does not sensibly affect the conclusions here detailed.]

SOME OBSERVATIONS ON AGUE.

By CHARLES BOULTBEE, Surgeon.

WITHIN the two last months this disease has been unusually prevalent, and in several cases put on a character of more than ordinary severity. In one case in particular, occurring in a very respectable single lady, of about 20 years of age, three regular paroxysms took place, between the hours of eight o'clock in the morning and ten at night. The three stages were well marked, without any other symptoms than such as are commonly met with in intermittents, and yielded in a few days to the means usually employed.

In all cases in which I have had the opportunity of seeing the quinine given, it has immediately relieved, and usually checked a second paroxysm of fever; although it has frequently been requisite to have recourse, on the onset, to slight depletory measures, emetics, purgatives, &c. according to circumstances.

This medicine requires to be repeated at rather short intervals, and a grain dose, repeated every three hours, appears quite as efficacious as a larger one. I have lately been in the habit of combining it with a minute dose of the submuriate of mercury, and in this way (unless the case demanded active measures at its commencement) have attacked this distressing complaint on the onset: one grain of the submur. hydrarg. with twelve of the sulphate of quinine, formed with the cons. rosæ gallicæ into twelve pills, omitting to take them for a short period if the paroxysm of fever returns.

The mercurial, combined as above, scarcely ever affects the mouth, even if carried to the extent of five or six grains, or more; nor does it act perceptibly on the bowels. Probably the peculiar state of the chylopoetic viscera in this disease is the cause of the mercury not acting in a more perceptible way on the system; and the peculiar tonic and astringent quality of the quinine, may prevent its being so readily carried off by the bowels, which, indeed, may give rise to its apparently beneficial effect. It appears to me (at least in this fen district, where ague is, as it were, indigenous), that in order to expedite the cure, a moderately confined state of bowels (which, indeed, indicates tone

in them) is highly desirable; and finding that purgatives invariably impede the good effects of all anti-intermittent medicines, not excepting the quinine itself, and retard the cure, I determined upon trying the above method; and believe that in thus combining the alterative with the tonic, its effects were more permanent, and quite as speedy in relieving the patient. There are very many of the poor in this neighbourhood, who are seldom free from ague for six months together, notwithstanding we have a specific in quinine.

The spt. ætheris nitrici is an admirable adjuvant to tonics in general, and does not require the addition of salines to it; many of which, by having an aperient effect, as well as determining to the skin and kidneys, are, so far as I have had an opportunity of observing, prejudicial in this disease.

The preparation of bark above alluded to, when given in a liquid form, seems to have its peculiar effect in this complaint much lessened, and after having been taken for some time, will occasionally not remain on the stomach. The cinchonine, although a more grateful tonic, I have not used in ague, and, I believe, does not possess the same powers of remedying it as the quinine.

It is requisite to continue this remedy after the complaint is removed, at more distant intervals, as three times a day, for some days; and, possibly, the mercurial is then better omitted, or altogether uncalled for.

Whittlesea, June 1828.

DISEASES OF GIBRALTAR.

We have been favoured by Dr. Gregory with the following extract of a letter dated Gibraltar, May 3, 1828.

THE garrison has been very healthy during the spring months. Slight cases of fever, diarrhœa, catarrh, and inflammation of the different organs of the body, have been met with indiscriminately, and nothing more than the usual routine of practice has been adopted. I may here, however, mention, that it is a well-known fact amongst the medical officers, that the latter disease, especially when affecting the lungs, is much aggravated during, if not occasioned by, the prevalence of easterly winds. It is no uncommon thing for a

soldier to die of inflammation of the lungs, in the space of four or five days, (from the formation of pus in their substance) during a strong Levanter. Phthi-sical patients are very sensibly affected by the same cause. Such a powerful effect on the living body has this wind, that even persons in health, who have resided a few years here, complain of an indescribable and uneasy sensation during its prevalence. It evidently retards the healing of ulcers, and some even say the progress of vaccination. I have not yet had time to observe the latter, but will do so on the first occasion, and give you the result. I have been a little surprised to see so great a number of cases of hydrocele here, but on enquiry have learned that the disease is very general during the spring and summer months; and let me observe, is, in the popular opinion, as well as in that of the profession, either occasioned by, or somehow connected with, the debility induced by the relaxing effects of heat. I have already seen several cases. The disease seems to consist in a congestive state of the body of the testicle and cord, although cases occasionally, no doubt, occur of a purely inflammatory nature; the testis, however, instead of hanging pendulous and relaxed, is drawn up to the ring, as it were spasmodically, and the scrotum is puckered and wrinkled; soon after this, a serous effusion into the tunica vaginalis takes place. The disease is so very common, that in many instances no medical advice is asked, and the patient is contented with wearing a suspensory bandage, and avoiding exercise. The accompanying pain is trifling, and the disease generally disappears during the winter. Ophthalmia is just beginning to make its appearance, and is, I understand, one of the most formidable diseases we have to encounter in the summer season, and for which many physical causes might be adduced *prima facie*. Elephantiasis is another disease which I see is very common here, and it seems is generally brought from Barbary. We have a beautiful case at present in the Civil Hospital, of which I shall endeavour to procure a drawing. Our medical library is yet in its infancy, but we have most of the standing works, and some of the best periodical publications of the day. A better collection of books than that in the garrison library, I believe cannot be found even in London itself. To the

ichthyologist and botanist Gibraltar opens great sources of amusement; and if I can fall in with any thing interesting, in the way of conchology, I will do myself the pleasure of transmitting it to you.

To Dr. Gregory, &c. &c.

VACCINATION.

To the Editor of the London Medical Gazette.

SIR,

YOUR correspondent, M. D., has been pleased to notice me in the last Number of your Journal, in the following passage:—"Of all the information to which I have thus briefly referred, Dr. Gregory would appear to be altogether ignorant." I beg leave to protest against such a conclusion, drawn from such premises; and if your correspondent will throw off the visor under which he has so long fought, I shall be happy to discuss with him his favourite topic, (the origin of small-pox,) and state my reasons for dissenting from his conclusions. I call it his *favourite* topic, because the last letter of M. D. has convinced me of his identity with a writer on the same subject, in the London Medical and Physical Journal*, under the signature of MEDICUS. It is, at least, scarcely conceivable that two persons can exist distinguished by the same three remarkable peculiarities,—viz. a firm belief in the common origin of small-pox and cow-pox, a blind admiration of Dr. Baron, and a determination to preserve, in a scientific controversy, the *strictest incognito*. I must beg to decline, however, all further communication on this subject, until I know who it is who has ventured to assert, in the 28th Number of the London Medical Gazette, that "it has been *proved*, by experiments instituted at the Royal Veterinary College at Berlin, that the human small-pox can be communicated to the cow by inoculation." That I may not be accused of leading M. D. into a trap, I beg to add, that a gentleman connected with the Veterinary College at Berlin, has lately been, and perhaps still remains in town, and that Mr. Coleman was good enough to introduce Mr. Alcock and myself to

* For December 1827 and February 1828.

him, on Sunday, 25th May. I have the honour to be, sir, your very obedient, humble servant,

GEORGE GREGORY.

8, Upper John Street, Golden Square,
June 16, 1828.

QUERIES REGARDING THE ANATOMY AND PHYSIOLOGY OF THE FIFTH PAIR.

To the Editor of the London Medical Gazette.

SIR,

I SHOULD feel particularly obliged to any of your readers who will favour me with answers to the following queries, through your Journal.

1. Is the fifth pair a compound nerve, composed of a fibril of sensation and another of motion; and what are the proofs of this?

2. Does the fifth pair arise by two roots, one for the motive and the other for the sensitive fibril; and where do these roots take their rise?

3. Is the Gasserian ganglion formed on a part only of the fifth pair; is it formed only on the sensitive nerve; and can the motive nerve be traced clear of this ganglion?

4. Does the fifth pair communicate to the muscles to which it is distributed any stimulus to motion; or are the movements of the face produced through the medium of the portio dura alone?

5. Does the fifth pair send nervous filaments to all or any of the muscles of the eye; and who has seen the filaments so distributed?

Your readers will observe that I refer, in these queries, to the papers by Mr. C. Bell, on this subject; and I am anxious for some distinct and intelligible answers to the above.

I am, &c.

CURTIUS QUINTUS.

MEDICAL CERTIFICATES.

To the Editor of the Medical Gazette.

SIR,

IF you can spare a corner, have the goodness to state, for the information of all whom it may concern, that the Court of Examiners of the Apothecaries' Company, by a recent regulation, require that certificates of having attended medical practice should have the signatures of *all the Physicians* to the Institution at which the candidate may have been

A PUPIL.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

A Treatise on the Cause and Cure of Hesitation of Speech, or Stammering; as discovered by Henry M'Cormac, M.D. Member of the Royal College of Surgeons, of Edinburgh, &c. London: Longman and Co. 1828.

DR. M'CORMAC published a notice on the subject of stammering some weeks ago in Dr. Johnson's Journal, and has just given to the world a more ample treatise on this distressing affection. The author is one of those who contemplate their own productions with considerable satisfaction, and who are pleased to point out their own zeal and disinterestedness. “The peasant and the artisan (says the Doctor) will especially receive the benefit of this communication, and that which for many centuries wealth could not purchase, will now be placed within the compass even of the most abject poverty.” Others, if they have possessed the knowledge, have chosen to convert it into a source of mere personal emolument; but he “has preferred the mental satisfaction arising from the consciousness of benefiting his fellow-creatures at large, to any other motives, howsoever lucrative or promising.”

Stuttering (the term preferred by Dr. M'Cormac) is described as consisting of inarticulate, interrupted, and difficult utterance, accompanied by an action, apparently convulsive, of the muscles of respiration; hence the veins of the face and forehead become turgid, the whole expression of the countenance being altered during the effort to articulate.

The cause which the author regards as producing ninety-nine cases in a hundred of stuttering, consists in the patient endeavouring to speak when the air in the lungs is exhausted, or nearly so. The whole of the author's doctrine is contained in the following passage, which we quote from his original paper, it being more concise than the corresponding part of the treatise:—

“During the act of speaking, air must either be passing out, or passing into the lungs—or, at all events, out or into the mouth—that is, during expiration or inspiration. Most people (who

have a perfect command over the organs of speech) can articulate imperfectly and with difficulty during inspiration—but not so the stammerer. In attempting to speak, while drawing in the air, or while the lungs are empty, or nearly so, he will not be able to articulate at all; and not knowing the cause of this inability, he will make repeated, and often convulsive efforts, accompanied with more or less of those hideous distortions of countenance so characteristic of the stammerer, until, by accident, rather than by design, he draws in a full breath, and effects the utterance of his words, while the air is flowing naturally from the lungs. I repeat it then, that—stammering arises from an attempt to speak when the lungs are empty, or when the stammerer is drawing in his breath. This habit having been once contracted, generally becomes aggravated by time; and I need not say that thousands of individuals are almost cut off from social intercourse, and rendered miserable, by the said impediment.”

It has often been observed, with surprise, that stammerers are enabled to sing or recite with comparative ease; the reason of which, according to our author, is, that during these exertions they, like other people, accumulate as much air as possible in the lungs before they begin, or, in other words, “they expire their breath strongly during the whole time they are engaged in singing.”

There is a long prosing account of the manner in which the Doctor was led to his discovery when at New York, in 1826, and of the secrecy with which he guarded it till he was satisfied of his accuracy; after which he enters into a discussion about the various opinions on the subject expressed by other writers. He alludes to the general observation that women are less subject to stammering than men; and accounts for it by asserting that “they think more, and at an earlier period than men do,” an explanation touching which there may be some difference of opinion.

The method of cure is thus described:—

“I shall suppose the patient to be an adult, and desirous of curing himself; in this case, let him attend to the following directions. As it will be some time before he can husband the air of his expirations, so as to say all he would

wish in one breath, he must not commence by repeating sentences during each exhalation, but only simple monosyllabic sounds of any kind, no matter in what language. This must, however, be prefaced by the practice of respiration, or that of drawing long breaths, and then expelling them again; but this need only be done when the patient stutters very badly, and when we would wish to make him acquire a continuous habit of respiration with force and ease. The practice of this may also precede each lesson in speaking which the patient prescribes to himself; and with the latter, should be continued as long as the organs can bear it, without fatigue. During the intervals, conversation of any kind should be sedulously shunned, until the cure is somewhat advanced.

“The person having practised respiration for some time (and he need not attempt it unless when very badly affected), will then proceed to utter the different vowels, drawing in his breath each time before he attempts to begin, and then prolonging the utterance of the one vowel during the whole time of the expiration, or while breathing out the air contained in his lungs, which must be done with force, slowness, and equability, and not in fits and starts, or by jerks. This effected, taking care to exhaust the lungs completely during the expiration (I speak comparatively), he is again to draw in his breath in an equable manner, and then expire the name of another vowel in the manner which has been just described—say, in the order of *a, e, i, o, u*. This is again and again to be repeated, until the patient is able to utter them with ease and distinctness, one by one, during each expiration. If, however, he tire, owing to weak lungs, or any other cause, he will recommence his exercise, when sufficiently rested, or at the next interval of leisure, until able to repeat all the vowels perfectly, and in the manner mentioned. This done, he will again draw in his breath as before, and instead of uttering one vowel, he will utter two (as *a-e*) during each expiration, sharing the time equally between each. Having done this sufficiently often to be able to repeat the vowels two by two, with facility and ease, he will then try them three by three (as *a-e-o*), then four by four (as *a-e-i-o*), and five by five (as *a-e-i-o-u*), in the

same manner, always taking care not to proceed on to the next step until he has perfected himself in the first."

After this the consonants are to be similarly dealt with; and the whole alphabet gone over repeatedly, till the stutterer can pronounce each letter distinctly; and perseverance seems to be the chief requisite on the part of the patient.

"As for the repetition of the monosyllabic pronunciation, it must be continued for hours, days, or weeks, according to the condition of the patient—such as, his age, capacity, strength of lungs, or inveteracy of the impediment. The stammerer must next proceed to the utterance of polysyllables, during one expiration:—then short sentences—and, lastly, long sentences; thus reversing, in fact, the evil habit, until, at length, a new habit is acquired, and the cure effected. In some cases, this desirable object will be accomplished in a few hours—in others, it will require months. In general, a few days, or, at most, weeks, will be sufficient."

The volume concludes with some remarks on the construction of sounds, which, however, are not essential to the subject, and do not possess much novelty. If we are disposed to smile at the self-complacency with which the author expresses himself, we are, at the same time, willing to admit that his doctrines and method of treatment are very plausible, and, if faithfully practised, cannot fail to be useful.

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A Compendium of the Diseases of the Human Eye, illustrated by Plates.

By ALEXANDER WATSON, Fellow of the Royal College of Surgeons, Edinburgh. 1828.

WE were induced to read this work on looking at the accompanying engravings, and finding them to offer very accurate representations of the diseased appearances they were intended to delineate. The drawings for the plates (ten in number) had been made by the author, and led us to suppose that he was somewhat familiar with the diseased changes he had undertaken to describe; which although it could not be expected that much novelty was to be met with in a "Compendium designed chiefly for students," still we thought that where personal observation was brought into play in its composition, some ad-

ditional information might be got, even from an elementary work, to repay the trouble of its perusal. The plan adopted by the author is to describe, first, the diseases of the various coats of the eye, then those of the contained parts, and, lastly, a chapter or two is given on points which do not come under either of the preceding divisions—on artificial pupil and fungus hæmatodes of the eye.

After inflammation of the conjunctiva and its treatment, there is a section on pterygium, morbid growths, and cancers of the membrane; and on the subject of morbid growths it is observed—

"A chronic fungous state of the conjunctiva, having somewhat the characters of a cancerous affection, is occasionally met with in the eyes of elderly persons. There are at present before me three cases of this affection, in which it was thought proper to remove the whole of the eye-ball along with the diseased conjunctiva. Upon dissection, the coats and the other parts seemed to be quite unaffected, and in their natural taste." We wish more details of these cases had been given. Was the affection limited to the conjunctiva scleroticæ, or was that of the eye-lid and of the cornea likewise involved?

In staphyloma corneæ, the iris is adherent to the latter, which is prominent, thickened, and opaque: the alteration of structure from preceding inflammation having weakened the texture of the cornea, it yields, and is distended by the fluid contained in the posterior chamber. A somewhat analogous appearance is sometimes presented by the sclerotic constituting staphyloma of the sclerotic coat; a disease which, although already noticed by German and English writers, is neither, in its description nor pathology, so satisfactorily made out as to render the following remarks superfluous:—

"Staphyloma of the sclerotic coat consists in some part or parts of this coat becoming prominent, and projecting in the form of small tumors upon its surface. These tumors or projections have a remarkable appearance, from some parts of them having a bluish colour, and having red vessels copiously ramified upon them.

"Eyes affected with this disease often appear to be considerably enlarged, accompanied with disorganiza-

tion of the humours, and amaurosis. This has been considered to be a dropsical state of the eye-ball.

“ In some cases there is a general enlargement of the eye-ball, the sclerotica having a blue appearance at different parts, without any circumscribed projection.

“ These states of the sclerotic coat are generally accompanied with disorganization of the internal parts, so that the eye-ball in many cases feels softer than natural; and the lens becoming separated from its attachments, may generally be seen floating in the eye.

“ Staphyloma of the sclerotic coat has commonly been conceived to take place in a slow and gradual manner, from thinning of the coat by an interstitial absorption of its substance. In those cases where I have seen it take place, it has come on in the progress of acute inflammation of the iris and choroid coat. When this has occurred, the projection, or dark-coloured tumor of the sclerotica, covered with enlarged red vessels, gave to the eye a most alarming appearance, by resembling cases of malignant fungoid disease of the eye, at the time the coats of the eye are about to give way.

“ In one case where staphyloma of the sclerotic coat occurred in the progress of acute ophthalmia, I was induced to make a small incision into the projecting part, in order to relieve the sufferings of the patient, which were very great. By this incision a quantity of yellow-coloured serous fluid was evacuated from between the sclerotic and choroid coats. The wound healed, the fluid re-accumulated, and was again discharged. The choroid coat remained entire, so that none of the humours of the eye were evacuated. In this case, therefore, a separation had taken place between the sclerotic and choroid coats, by the interposition of inflammatory effusion at the part affected.

“ Staphyloma of the sclerotic coat admits of no remedy. And it is such a frequent concomitant of disorganization of the internal parts of the eye, that its existence generally either forbids the practice of operations for cataract and artificial pupil, or renders the prognosis in such cases very unfavourable.”

That the view which attributes the origin of the disease to inflammation is the correct one, there can be little

doubt; but we do not conceive that the inflammation is limited to the choroid coat and iris; on the contrary, we believe that the sclerotic itself must be involved, and have seen it so. In fact, it is from the texture of the sclerotic being weakened in consequence of the inflammatory process, that it yields and is distended, becoming apparently so thin as to allow the subjacent parts or contents to shine through. However ugly in appearance, such cases must not be considered as malignant, although we have known extirpation proposed under this belief. A person may live a life-time with such a “ *gooseberry-eye*.”

Having stated the utility of mercury in iritis, it is observed by the author, that “ he has seen *many eyes lost* where this mineral was not used, that possibly might have been saved by this remedy :” rather a serious proof of anti-mercurial bigotry, which, we hear, has one of its strong holds in Edinburgh.

The descriptions of disease in this Compendium, and its treatment, are good, and the plates are excellent; but there are some omissions which ought not to have been made. We find no notice of gonorrhœal ophthalmia; no description of syphilitic and arthritic iritis; and no notice of rheumatic ophthalmia. The diseases of the lachrymal organs and apparatus are likewise omitted.

MEDICAL GAZETTE.

Saturday, June 21, 1828.

“ *Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*”—CICERO.

GYMNASTIC EXERCISES.

IN our preceding Number will be found an interesting case of diseased ankle, by Mr. Copland Hutchison, in the course of which he alludes to one in some respects analogous, which was published a short time ago by Mr. Rose. On turning to the latter, we find that a young lady, in one of her lessons under the tuition of a distinguished professor, “ had been made to rest the weight of her body repeatedly, and for several

seconds at a time, first on the ball of one foot, and then the other, and to stand in various positions, with a view of bringing the different muscles into action." Although no particular complaint was made at the time, yet the exertions required during these lessons were considerable, and produced stiffness, aching, and fatigue of the parts employed, particularly of the right ankle. These symptoms became so severe within a day or two after one of her usual performances, that surgical advice was deemed necessary, and she was brought to Mr. Rose on the 4th of March. At this time she had considerable puffiness and swelling over all the right ankle, especially about the lower part of the tibia, with effusion among the ligaments and tendons—so much so indeed that the ankle exceeded the other in circumference by an inch and a half. The foot and toes were pointed downwards, and when, after some persuasion, she suffered the foot to be bent upwards very gently, a convulsive action of the muscles of the back of the leg was excited, so that the foot was in a state of continued tremor for several minutes. There was tenderness, but no severe pain on pressure. What, however, gave greater importance to these local symptoms was the constitutional disturbance, which had already become severe; the tongue had a white slimy fur; the pulse was extremely quick and small: she had thirst and great nervous irritability. The most active and judicious remedies were employed; notwithstanding which, however, the symptoms continued to advance, and in two days the tumefaction had extended to the knee, with shining redness of the inner ankle, reaching some way up the leg, in the course of the tibia. On the 8th, suppuration having evidently taken place to some extent, a free opening was made a little above the inner ankle, and several

ounces of pus evacuated. On the 9th a large collection of matter was perceptible on the front of the tibia, a little below the knee, and an incision was made with a scalpel, which divided the integuments to the extent of four or five inches, and which discovered the spine of the tibia denuded of its periosteum throughout all the fore and part of the outer surface of the bone. Next day the two openings above-mentioned were laid into one, and the tibia lay as it were insulated; it was denuded of its periosteum, but otherwise apparently healthy. The source of the mischief now became apparent, as the epiphysis at the lower end of the tibia, forming the inner ankle, was found completely detached from the shaft of the bone; and it is probable, either that it was suddenly separated during the last gymnastic lesson, or else that such injury had been done to the uniting ligaments and cartilage as to lead to this as a subsequent effect. The unfortunate young lady lingered till the 3rd of April, when she died exhausted.

We look upon these cases as of importance at the present moment, when the use of various kinds of exercise, under new and learned names, has been introduced into our schools with a zeal which, in the hands of the unskilful, may, and we fear frequently does, give rise to serious mischief. Undoubtedly, some sacrifice may well be made to rescue girls from the thralldom of back-boards, collars, and inclined planes, which, though adopted as preventive means, have, from their indiscriminate application, caused more bad figures and positive deformities than they have ever remedied. But extremes meet, and exertions which consist in the adoption of constrained, and continued positions, instead of the moderate and varied exercise of natural and easy movements, so far from aiding the full development of the muscular powers,

tend to strain and weaken, if not actually to break asunder, the parts they are intended to strengthen.

We have not heard of any other example besides the melancholy one of which we have given a sketch, where consequences actually fatal have occurred, but we have known very severe sprains produced by ill-directed muscular exertions, under the immediate guidance of the persons employed to teach gymnastics, at public schools. It is of great importance that they who undertake this department should themselves be taught to distinguish between the effects of fatiguing positions and voluntary movements. The former are in particular favour with most dancing-masters, who invariably begin by requiring their pupils to stand in various torturing attitudes before they allow them to move. Under these circumstances the weight of the body is often thrown upon parts not intended, and not calculated to support it, and what is, perhaps, of still more importance, from the undirected nature of the exertion required, it is not sufficiently under the control of volition. There are two circumstances under which this guard against injury is interrupted: the first is in very sudden muscular efforts, as where the heels slip in going down stairs and the patella snaps; here the exertion is not regulated by volition, and is, therefore, carried beyond what the resisting powers of the part can bear—no man can break the patella by an effort of the will. The other is where volition, if we may so call it, is tired out and neglects its duty, as from the long continuance in a fixed position. All rational gymnastics must consist in natural movements performed with gradually increased power, and alternated with rest in postures which give relief and are unattended with exertion.

These remarks apply particularly to the more active exercises now generally

adopted at boys' schools. In the various feats of climbing a rope ladder, or raising up the body over a bar, the muscles are brought into a state of the greatest exertion which the individual can make by any voluntary effort. It is boldly stated by the advocates for these gymnastics, that no accidents have occurred, and we believe (which is certainly rather extraordinary) that there is no instance where any boy has actually broken his neck by falling from the top of the ladder; but we know that at a great school in this metropolis a boy broke his arm some time ago, and that several cases of hernia have occurred during these violent exertions; nay, it is said that one of the "Professors," a very muscular man, and long accustomed to the art, has become ruptured from the same cause.

Do we look upon it as an advantage when we see children from India who can bend the fingers back till they touch the wrist? So far otherwise, that we regard it as the effect of relaxation, and bordering upon deformity. Yet this is the state into which premature and injudicious exertions tend to bring more important joints. That such is the case, is proved by observing opera dancers. Their limbs are fitted only for great feats, not for the common business of life—they can leap, but they cannot walk. Their feet actually become deformed, from the stretching of all the ligaments; and hence, to keep them in a proper position, requires an active exertion of the muscles, so that their gait is always a strut, never an easy and graceful walk, as any one who has seen them on the stage must have observed. This proves that the preternatural development of the muscles does not produce perfection in the action of a part, but becomes accompanied by unnatural elongation of the ligaments, and looseness of the joints; and this *mutatis mutandis* must be more or less

the case wherever great muscular efforts are made by boys before the frame has acquired its full growth. In ordinary cases, we believe that the common games resorted to by boys are quite sufficient for the purposes of health, and all the development of the muscular system which is consistent with general strength and grace. In individual instances, the vigour of particular parts may require to be strengthened at the expense of others ; but all those violent exertions which have been so much practised of late, we believe to be founded on principles theoretically incorrect, and practically injurious.

EXTIRPATION OF THE UTERUS BY LIGATURE.

WE understand that the following interesting case has recently occurred. A lady was delivered about two years ago on the continent, at which time some violence appears to have been inflicted in removing the placenta. In fact, it would seem to have been pulled away. Immediately after this occurrence a tumor was found projecting into the vagina. The patient came to London the summer before last, when she consulted Dr. Henry Davies, Mr. Charles Clarke, and Dr. Gooch ; but as at this time she did not suffer from hæmorrhage, not even menstruating, and as her health was not impaired, it was thought most prudent to avoid any active interference.

She returned to the continent, where she remained until seen by Dr. Granville, on his late visit to Russia ; when, in compliance with his advice, she again came to town, with a view to having the tumor (supposing it to be the uterus inverted) returned to its proper situation. This being attempted, without success, extirpation was proposed. Dr. Gooch, Dr. Clarke, and Dr. Henry Davies, were now also consulted again ; and finding that since her former visit to England she had become subject to violent hæmorrhage, under which she was sinking, all four agreed in advising the extirpation of the tumor. About three weeks ago a ligature was applied as high up as could conveniently be reached : this operation gave rather severe

pain, which was renewed, and required a full opiate every time the ligature was tightened. The tumor came away at the end of a fortnight, and plainly consisted of the fundus of the uterus, presenting a hollow cup, like the bottom of an elastic gum bottle, and having attached to it the round ligament. At the present date the patient is weak and pale (as indeed she was before the operation), with a quiet pulse, and no bad symptom.

ST. BARTHOLOMEW'S HOSPITAL.

IT is said that the governors of this hospital intend to purchase a large portion of Mr. Brookes's museum, to be added to the collection of Mr. Abernethy with which he has presented them. It is also said to be their intention to erect a building for the purpose of forming a library and reading room connected with the school.

WESTMINSTER HOSPITAL.

THE Crown has granted a piece of ground near St. Martin's Church, on which the new Westminster Hospital is to be built. This circumstance will probably be fatal to the other institutions which have been contemplated in that neighbourhood ; indeed none of them appear to be possessed of means at all adequate to such an undertaking.

DANGEROUS TYPOGRAPHICAL ERROR.

M. RATIER's description of the hospitals of Paris, translated by J. R. Alcock, contains what must be an error of the press, but so outrageous and dangerous a one that we think it our duty to notice it, particularly as the book, from containing so much interesting information in a small space, is likely to circulate extensively among our readers. It is the recipe for Van Swieten's liquor, employed by M. Fouquier, in La Charité.

“ R Hydrarg Oxymur. ʒxvj.
Sp. Vin. rectific. 3ss.
Aquæ distil. lbj. misce.

The dose is half an ounce morning and evening in milk.” (See page 52). The same medicine is employed in the Hos-

pital des Veneriens, by M. Cullerier. Page 77. Mr. Alcock, in a note, remarks, "M. Cullerier thinks that the liquor of Van Swieten does not deserve the objections made to it, and that the accidents observed result from its having been badly administered." We suspect, that if it is prepared according to Mr. Alcock's formula, there will be no difficulty in explaining the "accidents" to which he alludes. If *sixteen scruples of corrosive sublimate (!)* are dissolved in a pound of distilled water, *half an ounce will contain more than thirteen grains* of this powerful mercurial salt, which taken night and morning would, we should think, occasion plenty of "accidents."

The book is full of mistakes of the same kind. Infusion of seneka is directed in one place to be made with two drachms to six ounces of water; in another, with two drachms to a pint. In page 122, we are told that M. Jadelot considers sulphate of potass as dangerous in croup, and that it ought never to be given in a larger quantity than half a grain in 24 hours; (does he mean sulphuret of potass?) and in page 121, we are told that the best mode of stopping the bleeding of leeches is "by a little wine, heated to a white heat."

Only fancy some innocent young surgeon puzzling himself how to raise red wine to a white heat, all the while not suspecting that what was to be heated was not wine but wire.

We know from personal experience, that when matter passes rapidly through the press, as in a periodical, and where occasionally changes are made at a period so late as to render it impossible for the editor to see a revise, typographical errors will sometimes occur; but in a work like that of which we speak, where there need be no haste, such mistakes are inexcusable. Mr. Alcock ought to suppress this edition, and publish a corrected one.

HOSPITAL REPORTS.

PARIS HOSPITALS.

Cases of Erysipelas.

A CONSIDERABLE number of patients at La Pitié have recently been affected with erysipelas: of these we subjoin some examples, which will illustrate the

treatment employed by M. Lisfranc, under whose care they were.

Erysipelas from a Seton, successfully treated with Leeches and Blisters.

A man, aged 30, in the ward St. Louis, had an obstinate ophthalmia, for which a seton was applied to the back of the neck. This produced an attack of erysipelas all over the neighbouring parts. The skin was hot and the pulse frequent; there was loss of appetite, *but no pain about the epigastrium*, and no vomiting. The tongue was rather loaded, with red edges. The seton was removed, and *forty leeches applied to the epigastric region*.

Next day (May 2d) the patient was anxious, complaining a good deal of his head, and of extreme debility. At the end of five days more, the hairy scalp was observed to be swelled, red, and painful. *Thirty leeches were applied to the back of the head*. In the course of the day, the erysipelas had extended to the face; the patient was affected, during the night, with low delirium, which did not entirely pass off during the day. His tongue was now dry.

May 3d.—Pulse small and frequent; tongue very dry, but not red. There was some stupor and low delirium. *Thirty leeches* to the back of the head; sinapisms to the legs; blisters to the thighs.

May 4th.—Stupor diminished, and symptoms generally improved. By degrees he regained his strength, and was discharged in a week more, the ophthalmia being likewise cured.

Erysipelas following the application of Leeches, successfully treated by Leeches and Blisters.

A lad of sixteen had leeches applied about the part for disease of the hip-joint: next day, erysipelas made its appearance. He had a hot skin, a frequent pulse, and a dry red tongue, with some pain at the pit of the stomach. *Thirty-five leeches* were applied to the epigastric region.

The erysipelas spread down the thigh, and an attempt was made to arrest it by applying a blister over the inflamed part. Vesication was not produced, and the erysipelas continued its progress. A second blister was applied on the leg,

which rose well, and the erysipelas did not pass this point. It took a fortnight, however, altogether, to run its course.

Erysipelas from the application of Leeches, unsuccessfully treated with Venesection and Leeches.

A man, aged sixty-four, was admitted, with a simple swelling of the parotid gland, to which leeches were applied. On the 25th of April he was attacked with erysipelas of the parts, which quickly spread over the cheek. The pulse became frequent, and the skin hot; the tongue dry, and rather red.

He was bled from the arm, and leeches* twice applied to the epigastrium. Delirium came on; the pulse increased in frequency, at the same time becoming smaller; and the patient died in a week, in a state of extreme prostration. On examination after death, the brain was thought to be rather harder than natural, and the meninges were injected with blood. The abdominal viscera were sound.

Erysipelas following Amputation of the Mamma, unsuccessfully treated by means of Leeches and Blisters.

A woman, 45 years of age, whose constitution was worn out by the irritation of a cancer of the breast, had the tumor extirpated on the 25th of April. Next day, all the neighbourhood of the wound was occupied by an erysipelatous inflammation. *Forty leeches* were applied to the inflamed surface, and, on the 26th, *twenty* more to the epigastrium, and a smaller number to the left side, in consequence of some pain there. A blister was applied to the shoulder where the erysipelas was spreading.

For a few days, the erysipelas appeared to be arrested, but it again made its appearance, and on the 2d of May occupied all the right side of the trunk. A blister was now applied over the centre of the inflamed surface.

9th.—The erysipelas gradually disappeared, but the patient has been attacked with pain in the belly and diarrhoea, for which *fifteen* leeches have been applied to the anus.

10th.—Great anxiety of countenance, and very weak pulse; tongue dry; great

prostration of strength. *Ten leeches* to the abdomen.

11th.—The patient sunk and died in the course of the day.

On post mortem examination, the only diseased appearances were inflammation of the pleura and peritoneum.

The most remarkable circumstance in the treatment of the above cases is the regular and systematic application of leeches to the epigastrium, whether or not there was any pain or other symptom of gastritis; and it will be observed, that, in the two fatal cases, no appearances were found to countenance this idea. In the last case, the application of the leeches appeared to us to be carried to an injudicious extent, as the prostration of strength was latterly very great. It is true that appearances were found, after death, of pleuritic and peritoneal inflammation—but do not these sometimes occur when patients are almost blanched by previous depletion, and when further evacuation is almost certain death? Is the mere presence of inflammation a sufficient reason for bleeding, without reference to the state of the general system? Are there not cases where the inflammation might relieve itself by effusion, and the patient struggle through the disease, where the smallest evacuation turns the balance against him?

The application of a blister, either to the centre of the inflamed part, or over its edge, so as to include a portion of the yet healthy skin, is a favourite practice here; and, in the second case above-mentioned, answered very well. It is, however, rather a severe, and by no means a certain mode of arresting the erysipelas.

Penetrating Wound of the Abdomen, with Protrusion of the Epiploon—Actual Caustery.

A young man was lately admitted at the Hospital de la Garde Royale, under the care of M. Larrey, who had received a wound with the point of a sabre, about an inch and a half above the umbilicus. A portion of the epiploon protruded, forming a sort of fungous-shaped mass, rather more than two inches in breadth, and having a narrow neck or pedicle. This protrusion was covered with charpie, spread with cerate, after some fruitless attempts had been made at reducing it. Attention was then sedulously directed to

* We do not know the exact number—it might be about thirty.

the prevention of inflammation, by bleeding, both local and general, emollient fomentations, and rigid diet. Eight days after, the protruded portion of epiploon was cut off. Granulations sprouted up from the surface of the pedicle, which was touched four different times with the iron, at a *white* heat. After rather more than three weeks, the pedicle scarcely projected, and the granulations were of a healthy character, with laudable pus. The iron was now applied at a *red* heat. At the end of a month the wound was almost healed, and only required to be touched occasionally with lunar caustic, to complete the cure.

The patient experiences no pain, and the digestion is quite healthy. M. Larrey is of opinion that the pedicle, or stalk, which was found at the site of the wound, has completely re-entered the belly, the adhesion to the parietes of the abdomen being broken down.

Penetrating Wound of the Abdomen, with Protrusion of the small Intestine.

In the same hospital is another case, of a nature somewhat similar to the above. A young man, about three weeks ago, was stabbed in a duel, in the right groin, on a level with, and a little to the inner side of the anterior inferior spine of the ilium. The wound penetrated obliquely from without inwards, and from beneath upwards, dividing the Fallopian ligament. A portion of the small intestine protruded, which was soon returned. He was bled from the arm, had leeches applied round the wound, and emollient fomentations to the belly; with strict antiphlogistic regimen. Under these measures, no peritoneal inflammation supervened, but considerable tumefaction occurred in the neighbourhood of the wound; matter formed, and required to be evacuated by a circular opening, but nothing formidable took place, and the patient did well.

GUY'S HOSPITAL.

Strangulated Ventral Hernia.—Operation.

ON Friday, June 6th, Mr. Bransby Cooper performed the operation for a rupture of this description. The patient was a stout, healthy-looking coun-

tryman, and had for some time been subject, at intervals, to a protrusion of intestine through an opening in the linea alba, situated about three inches above the umbilicus. When he was brought to the hospital, a portion of intestine had been incarcerated at least 36 hours (some accounts said 48 hours). There was a tumor larger than the fist, prominent and well defined, forming nearly half of an oblong spheroid, in the situation above-mentioned. The surface was red and shining; it was excessively sore when touched, and there was great pain, with some tension, of the whole abdomen. Vomiting and hiccup had been present nearly from the commencement of the strangulation, and he had had no stool. The only other circumstances worthy of remark were, that he could not lie flat on his back, much less stand upright; symptoms easily explained by the connexion of the recti abdominis muscles with the neck of the sac.

At 3 P.M. a very short time after he was brought in, the operation was performed in the following manner:—

A transverse incision was made across the tumor, a little below its middle, which was met by another, extending in a perpendicular direction from the upper part of the tumor. No very distinct fascia was found below the common integuments, and the peritoneal sac was, therefore, immediately opened; in doing which, it was found necessary to extend a little the central section, the original inverted T incision being thereby converted into one of a cruciform shape. A portion of intestine was now exposed to view, five or six inches in length, distended, and of a dark claret colour, with three or four spots upon it, each about an inch square, which appeared quite black. The stricture was next divided at its lower part, by means of a silver director, bent into the form of a catheter, and a curved bistoury. The moment this was done, the patient exclaimed that he felt great relief, and ceased to moan.

The appearance of the intestine at first sight, being such as to render the immediate return of it a measure of questionable propriety, a consultation was held between Mr. Cooper and Mr. Key, as to what should be done. The gut was again examined with a microscope, and Mr. Cooper said that, with the aid of that instrument, he could

see muscular fibres; if, however, the membrane which Mr. Key took between his finger and thumb were not effused lymph (and it did not look like it), the peritoneal coat had certainly sloughed. Mr. Key was quite convinced that the gut was unfit to be returned; and although Mr. Cooper was not so completely satisfied, he thought it safest, on the whole, to leave it in the sac. The intestine was, therefore, restored to its situation, and the flaps of integument being brought together by two sutures, which were ordered to be relaxed if any tension should supervene, the patient was conveyed to bed, and placed there with the shoulders and pelvis raised. The pulse was then rather low (a considerable quantity of blood had been lost during the operation); the countenance was shrunk, and had a yellowish tinge; he was not in much pain. No medicine was ordered.

9 P.M.—Has been in extreme pain for some hours. Has vomited every thing taken—viz. a little tea and gruel. Matter vomited not stercoraceous. Pain is of a griping character, and is confined to the seat of the stricture, there being neither pain nor soreness of the whole abdomen. Has had no stool. Pulse 125, and rather jerky.

Magnes Sulph. ʒij. statim. et
Habeat ʒj. secunda quâque horâ donec
alvus soluta fuerit.
Cenema commune statim, et repetatur ad
libitum.
Foveatur Abdomen.

11 P.M.—Pulse somewhat quicker, but more compressible. Pain still violent. Matter vomited is now become stercoraceous. Two injections have been given, and two doses of the medicine, but there has been no stool.

8th, 8 A.M.—Has been in acute pain all night, and has vomited incessantly feculent matter; no evacuation per anum, although four injections have been given, and several doses of salts. The pulse has varied much during the night. The pain is now less violent, and the stomach less irritable, having retained a little coffee.

These flattering appearances soon vanished, and at one o'clock to-day he was no better than when seen in the morning. He again improved in the evening; the vomiting ceased, and he had several natural stools.

Calomel, gr. iss. and Opii, gr. ss. in a Pill, were ordered to be taken every two hours; but not more than two or three pills were given this day.

9th.—Aspect improved; less expression of anxiety; the pain is diminished, and the tendency to vomiting inconsiderable. Pulse 90 to 96, and increased in volume. Has now had seven stools; the last at 10 A.M. Abdomen full, but not tense.

Calomel, gr. ij.—Opii, gr. iss. given two or three times this day.

10th.—Proceeded favourably until 4 P.M. yesterday, when he was seized with violent pain in the abdomen, which, with very slight variation, has continued to the present time. He is now in a state of collapse; the extremities are cold; whole surface cool and moist; countenance sunk and anxious; pulse too small and too rapid to be counted. At this visit, Mr. Cooper, for the first time, removed the dressings from the wound (it had been poulticed); very little change had taken place in its appearance, except that the surface looked less inflamed. The patient had already taken some wine, and was now ordered brandy.

From this time he continued to sink, suffering extreme pain, and expired at 5 P.M.

Sectio Cadaveris, 20 hours after death.—The portion of intestine which had been strangulated was externally, in appearance, gangrenous; but the gangrene had not proceeded through the coats of the intestine, as its inner lining was in a comparatively healthy, or at least a probably recoverable state. The gangrene of the external coat extended no farther than the stricture, where it was terminated by a well-marked line. There were generally diffused marks of severe peritoneal inflammation having existed. G.

MIDDLESEX HOSPITAL.

Case of Purpura successfully treated with bleeding, mercury, and acids.

JAMES DAVIES, æt. 45, a gardener, was admitted into the Middlesex Hospital on the 13th of May, under the care of Dr. Macmichael. He has noticed a red rash upon the skin of the upper and lower extremities, but especially the upper, for the last six or eight months, generally coming on about

four or five o'clock in the afternoon, and disappearing in the morning.—For the last week it has not appeared till to-day, but is now very distinct, presenting the character of purpura. After the rash appears, the hands feel very hot and painful, more particularly about the thickened cuticle of the fingers. Has used warm bathing with great relief, but no local remedy has been employed.

To repeat the warm bath.

R Pil. Cal. Co. gr. v. omni nocte.

17.—Has passed blood this morning by stool, attended with colic, and has vomited his milk. Eruption very distinct.

V. S. ad $\frac{3}{4}$ x. Fetus abdomini.

R Inf. Rosæ Co. $\frac{3}{4}$ iss. Mag. Sulphat. 3ij.

Tr. Opii \mathfrak{m} v. Acid. Sulph. Dil. \mathfrak{m} x. M. fiat haust. 4tis horis sumend.

18.—Blood buffed and cupped; bowels open; has passed some blood by stool, but of a darker colour. Eruption less distinct.

20.—Better; has not passed any blood by stool.

Hydrarg. Submur. gr. ij. Opii gr. j. n. et mane.

21.—Has been passing blood by stool all night.

R Enema Amyli c. Træ. Opii \mathfrak{m} xx. statim.

22.—Pulse 90, and hard.

V. S. ad $\frac{3}{4}$ xii. Draught of 17th to be repeated.

24.—Pulse 90, full and harder.

Repet. V. S. ad $\frac{3}{4}$ x.

28.—The eruption to be seen on both arms, but fainter; mouth slightly sore; bowels open; pulse 90; tongue clean.

R Ol. Ricini $\frac{3}{4}$ ss. statim. Inf. Magnes. Sulph. ter die.

31.—The eruption became more copious and brighter on the 29th, and still continues so; pulse 86; bowels open; tongue clean.

R Decoct. Cinchonæ $\frac{3}{4}$ iss. Acid. Sulph. Dil. \mathfrak{m} xv. ter die.

June 1.—The eruption much diminished; feels much better.

3.—Complains of violent pains of the bowels and sickness.

Habeat Liq.* Subcarbon. Sodæ $\frac{3}{4}$ iss. stat. et postea. Sol. Acet. Morphiæ \mathfrak{m} iv. ex. Mist. Camphoræ—Calomel gr. ij. statim et repet. horâ somni.

4.—Better; no pain in the bowels, which have been opened twice. The eruption has nearly disappeared.

R Hydrarg. c. Crætâ gr. v. h. s. et cras mane. Olei Ricini $\frac{3}{4}$ ss.

7.—The eruption has nearly disappeared; the patient feels much better.

R Acid. Mur. \mathfrak{m} x. ex aquâ bis die.

9.—Feels so much better, that he wishes to go out, considering himself cured. Ordered to take some of his medicine with him.

ST. GEORGE'S HOSPITAL.

Necrosis of the Tibia.

IN the 23d number of this Journal we related the case of John Cooper, the boy whose limb was removed by Mr. Brodie, in consequence of necrosis of the tibia, and disease of the ankle. The operation was performed upon the 24th of April, and on the 11th of May he died. The details of the case were brought up, in our previous report, to the 7th inst., and as nothing particular occurred between that period and the day of the patient's death, we shall content ourselves with merely relating the appearances post mortem.

On raising the sternum and opening the chest, traces of considerable pleuritic inflammation were observed. The pleura pulmonalis and costalis of the right side were adherent in various places, and coated with a layer of apparently recent lymph; whilst an ounce and a half, or thereabouts, of sero-purulent fluid was collected in their cavity. On the left side the marks of inflammation were not so strong, though the pleuræ were more vascular than usual. The surface of both lungs was studded here and there with little abscesses, some as large as hazel nuts, which, however, had not yet perforated the pleura pulmonalis, and, consequently, were prevented bursting into the cavity of the chest. The vascularity of the pleura was greater in the situation of these abscesses than elsewhere, although, as we before remarked, the whole membrane was inflamed. The liver was rather large, but on being cut into, its structure was natural; the gall-bladder was distended with dark yellow bile; the mesenteric glands enlarged.

On removing the dressings from the stump, it presented a very sloughy ap-

* This is merely a solution of Subcarbonate of Soda in the proportion of gr. x. to $\frac{3}{4}$ l.

pearance, and the bone protruded full two inches from its centre. An incision being made at the inner and posterior part of the thigh, there issued a quantity of dark-coloured foetid pus, which had burrowed in the cellular membrane between the origins of the adductor magnus and adductor longus. On dissecting lower towards the femur, the matter was found to have insinuated itself between the bone and periosteum, which was detached to some extent, and, in some parts, actually sloughing. The blood vessels were examined, but their tunics were quite healthy, and they seemed to have escaped the inflammation in their neighbourhood.

It is remarkable, though by no means a very rare occurrence, that inflammation should have proceeded to the extent it did within the thorax, without having been attended with any prominent symptoms during life. Various cases have been published by Mr. Bell, Mr. Guthrie, and others, where very considerable abscesses formed in the chest after the performance of operations; and destroyed the patient in a rapid, but most insidious manner. In several of the cases mentioned by these gentlemen, there were no symptoms whatever indicative of thoracic inflammation, except a difficulty of breathing, which supervened a few hours before death.

In the present case, the boy was in such a hopeless state for several days before he died, that he was disturbed as little as possible by questioning or examination. As far, however, as we can learn, he presented no symptoms which would lead one to expect that active inflammation was proceeding in the thorax; certainly none which attracted particular attention to that cavity.

Within a few days after Cooper's death, another boy was admitted with necrosis of the tibia, and as the case is interesting, we shall give the particulars here.

James Tilly, æt. 15, was brought to the hospital from the country on the 21st of May, and placed under the care of Mr. Rose.

This lad gives a very imperfect history of his complaint; but it appears that seven years ago the right leg began to swell, whilst the whole of the limb was affected with an inflammation, probably erysipelalous. Whatever it was, he has been more or less laid up ever

since; though of late he has suffered little pain, except on changes of the weather. He never received any injury to the part; but his health has always been indifferent, and he has had abscesses (apparently scrofulous) in several parts. The cicatrix of one of these is very perceptible above the sternal end of the left clavicle, which is dislocated, or at least leaves the socket on certain motions of the arm.

The right leg is swollen and discoloured; both the swelling and discolouration, however, terminating in a remarkable manner at either epiphysis of the tibia. The leg, at the thickest part, is upwards of 14 inches in circumference—double that of the sound one; but the enlargement is not general, being mainly on the inside of the shin, where the bone is only covered by integument and periosteum. There are several ulcerated openings; one in front, about half-way down the leg, from which portions of dead bone have at intervals come away; another more externally, two inches lower; and a third about an inch and a half above the inner malleolus. There is no pain in the leg on pressure; no pain whatever on performing the motions of the ankle joint, which are free enough; nor in the knee, which he cannot extend beyond an obtuse angle. There is so remarkable a laxity in the ligaments of this joint, that it is almost possible to *shake* the condyles of the femur from the head of the tibia; and subluxation of the latter backwards has evidently taken place to a slight extent. The difference between the feet is another remarkable circumstance—that of the affected limb resembling in form and size the foot of a boy of 7 or 8 years old, whilst the other is by no means “curtailed of its fair proportions*.”

The patient is thin, and his appearance rather scrofulous; no appetite; bowels open.

Pil. Hyd. grs. v. omni nocte.

Acidi Sulphurici Diluti ℥xv. ter die.

28th.—To-day the operation of trepanning the tibia, and removing as much of the sequestra as could be got;

* The same thing is observed in a girl at present in the hospital, affected with the same disease of the left tibia. The foot is not only much smaller in both cases, but the different textures are not half so marked as in the other limb; in fact, the foot is as soft as an infant's.

was had recourse to. The mass of new bone was extremely thick, and considerable difficulty was experienced in cutting through it. The trephine, Hey's saw, and chisel, were required; and after the medullary cavity had been sufficiently laid bare, two portions of original bone, quite dead, and about three or four inches in length, were discovered and removed.

In the course of the night there was bleeding from a number of small vessels, which was checked by filling up the wound with pieces of blue lint.

29th.—Some heat of skin; tongue white and dry; pulse quick and irritable. He feels comfortable, and his appearance is by no means unfavourable.

At present the boy is going on extremely well; he has no pain in the leg whatever, the appetite is good, the pulse quiet, the tongue clean; granulations have sprung up, particularly in the lower part of the wound; and every thing is going on as well as could be wished.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

REMARKABLE DISPOSITION TO HÆMORRHAGE.

Dr. Schreyer, of Vogtsberg, states that, in a family of five children, under his observation, the eldest bit his tongue, and bled to death; the second and fourth are perfectly healthy, but the third and fifth have a remarkable tendency to hæmorrhage. All these are of the male sex. The two above-mentioned—one aged five years, and the other fifteen months, have, at irregular periods, blue spots on the legs and thighs, which increase till they become as large as a pigeon's egg, when they assume a greenish blue colour. They do not bleed unless they are punctured; but if this be done, the hæmorrhage does not cease till the child faints, and the body is blanched. The blood which flows first is red, but after a time it becomes pale, like water in which flesh has been washed. Pressure with the point of the finger, kept up for twenty-four hours, is sufficient, according to the testimony of the parents, to stop the bleeding. No coagulum ever forms, to plug up the vessels.

Neither of the parents, nor their relatives, participate in this morbid condition, and it is remarkable that it has affected their children alternately—viz. the first, third, and fifth.—*Zeitschr. für Natur. und Heilkunde.*

FIVE CHILDREN AT A BIRTH.

A peasant of the village of Soukin, in the department of Nijegorod, 25 years of age, of short stature, and robust constitution, was married at seventeen. The second year of her marriage, she had one child; the fourth year, she produced twins at the eighth month. In November 1824, she was brought to bed of five children—viz. on the 9th, 10th, 12th, and 13th, four females, and on the 16th a boy. None of these exceeded eight inches in length. The girls died within a week; the boy appears to have lived. As to the mother, she entirely recovered a month after her accouchement; the only circumstance worthy of remark having been an extraordinary size of the belly. No similar instance had occurred either in her family or that of her husband. The above is related by Dr. Gaievsky, in the *Voienno-meditsinski Journal*, a paper on military medicine, published at St. Petersburg.

INOCULATION OF HORSES AND A COW WITH SMALL-POX MATTER.

M. Hamont has recently practised in France those experiments which have been repeated in this country within the last few weeks. His experiments were attended with no other result than those local effects which arise from punctures with any irritating matter: these always disappeared after a few days, and nothing whatever analogous to small-pox took place.—*Journal de Médecine.*

MEDICAL EFFECTS OF HYDROCHLORURET OF LIME.

From the accounts recently published respecting the influence of this substance in destroying animal effluvia, Dr. Reid was induced to make trial of its efficacy in neutralizing the morbid poison generated in the fever which prevailed epidemically in Ireland in the year 1826, if such poison really had any existence. It was, however, in some

bad cases of dysentery that he first prescribed the hydrochloruret. He directed ten grains to be added to the common enema, and to be administered to the patient night and morning. The fœtor was corrected, and the discharges became much more natural. Another form in which he frequently prescribed the hydrochloruret, with the very best effects, was in combination with tincture of columba, ten grains to two drachms, mixed with four ounces of water, sweetened with syrup, and exhibited in the proportion of half an ounce every hour. "From the observations which I have made," says Dr. Reid, "of the efficacy of this medicine, in cases which exhibited all the severe symptoms of that disease which medical writers have denominated yellow fever, I can with confidence recommend it as a valuable remedy. Indeed, I am induced to expect, that when properly employed, the hydrochloruret of lime will be found as valuable a remedy in the treatment of yellow fever, as mercury has proved in syphilitic disorders."—*Dublin Hospital Reports*.

NERVOUS DELIRIUM—EFFICACY OF OPIATE CLYSTERS.

M. Dupuytren gives the name of *nervous delirium* to a condition which seems much to resemble the *delirium tremens* of practical writers. This form of delirium, which is unaccompanied by fever, often takes place without there being any wound or inflammation; so that it cannot be looked upon as always a traumatic affection. It likewise occasionally comes on after every different kind of wound, and at every period of inflammation—nay, even when the cicatrix is forming—so that it is difficult to point out any specific cause of the disease. Individuals of what is called a nervous temperament, however, are more obnoxious to it than others; and it would seem that those who are much afraid of any operation which they undergo, and still more those who are desponding, suffer from it more frequently than those of greater mental equanimity.

The attack is marked by restlessness; some degree of incoherence; then follows a singular confusion of things, persons, and places, and the patients are occupied day and night with some fancy generally connected with their previous

habits and pursuits. They give themselves up to violent and constant movements, which have no object, and abundant perspiration covers the body; the eyes look brilliant and injected; the face becomes flushed, and the expression animated; and the individuals are very loquacious, or even vociferous. Sometimes they are merry, and sing aloud, manifesting no sign of pain.

Notwithstanding these symptoms, the pulse remains quiet; there is no fever; the natural evacuations take place as usual, but there is no appetite; and at the end of from two to five days the disease terminates, sometimes fatally, but more frequently in the recovery of the patients. When recovery takes place, the change is sudden; the patients falling into a profound sleep, as if exhausted by fatigue. From this they awake in ten or fifteen hours, sensible and alive to pain; the appetite returns, and the original disease, whatever it may have been, goes on as before the attack. Sometimes the delirium returns two or three times, and leaves the patient weaker after each accession.

Although the *nervous delirium* may become very dangerous of itself, and although M. Dupuytren has seen some patients (particularly one young man, of robust constitution, in whom it had supervened in consequence of a simple bruise on one of the toes) sink under it in forty-eight hours, without the affection which had given rise to it appearing to contribute towards the fatal event; still he regards its severity, in general, as proportioned to that of the disease which it accompanies. Thus it is much more to be dreaded when it supervenes upon a fracture of the extremities, or of the ribs, or after large wounds, than when it comes on after simple injuries, not in themselves dangerous. Post mortem examination discovers nothing which can explain the phenomena.

Sedatives of every kind, including large doses of laudanum, bleeding to syncope, and all the usual means, have appeared to M. Dupuytren altogether ineffectual—neither arresting the progress nor changing the course of the disease. But a remedy which has always succeeded in M. Dupuytren's hands, and to which he attaches an almost specific effect, is the injection every six hours, and repeated two, three, or four times, of enemata, containing

eight or ten drops of tincture of opium in a small quantity of any convenient vehicle. These injections will generally remove the most furious delirium. M. Dupuytren attributes their efficacy to the opium being absorbed from the rectum without undergoing any digestive process; for, as already mentioned, laudanum given by the mouth fails to do any good.—*La Clinique*.

HABITUAL HÆMORRHAGE FROM THE MAMMÆ.

S. A. æt. 24, was admitted into the Königsberg Hospital for this affection. Had been frequently attacked by epistaxis during her infancy; was married at the age of 14, the menstrual discharge not appearing until a year afterwards. At 16 she became pregnant, the menses occurring at the regular interval during the two first months: they then ceased, but reappeared in the sixth and seventh months. She suckled her child (a boy) for two years, the menses appearing, and continuing to recur, from the second month after her delivery. On weaning her child, milk continued to be secreted in large quantity; and although, when the breasts became tense, it flowed from the nipple, yet for her own comfort and relief, from the distress it occasioned, she took the child of a neighbour, and continued to suckle it for a year and a half, and occasionally gave the breast to other children, the quantity of milk secreted was so great. She had now got to a period of four years after her confinement, when a practitioner who was consulted undertook to stop the excessive and continued secretion of milk, by repeated abstractions of blood, and this was performed seven times in the course of eight days. The flow of milk upon this ceased, but a more serious evil now took place: blood was discharged from both breasts, attended with much pain, and this became almost intolerable when the blood ceased to flow. This state had continued ever since, the blood coming away continually night and day, and also during the menstrual periods, but without affecting her health.

On her admission into the Königsberg hospital, the patient had the appearance of a healthy well-fed woman, in rude health, with something of a pletho-

ric habit, and with the exception of the affection for which she was admitted, and the attendant pain, in perfect health. The mammæ, which she stated to have been very large and full whilst the milk was secreted, but to have lost half their size since blood had been discharged, felt soft, and shewed no evidence of inflammation. They were, however, extremely sensible to the touch, and she could not bear the pressure of her clothes upon them. From the nipples, which were of natural size and form, there trickled blood, sometimes of a bright red colour, sometimes thin, dark-coloured, passing rapidly into putrefaction, and the quantity of which varied from three drachms to an ounce in the twenty-four hours. The blood could not be pressed from the breast as the milk had been. In cold weather, especially, there was much pain in the breasts, and when the flow of blood stopped, [the pains became intolerable, and extended to the neck and head, shoulders and arms. She was free from fever, pulse slow and soft, skin dry, evacuations from the bowels and kidneys natural. During the progress of the case, the menses had continued to appear at the regular periods of four weeks, until a short time before the patient's admission, when, for the first time, they did not shew themselves; whereupon a vicarious discharge of blood, apparently both from the lungs and stomach, took place.

Dr. Jacobson had the patient ten weeks under his care, during which time various means were resorted to with a view to her relief. Leeches were repeatedly applied to the pudenda; and blood taken from the feet; digitalis, hydrocyanic acid, and alteratives given internally; the semicupium and pediluvia employed, and a suspensorium mammæ applied. No alleviation was, however, obtained, and the difficulties of a cure seemed to be increased, from the circumstance of discharge of blood from the lungs and stomach on the third appearance of her menses (which usually continued eight days) during her stay in the house. Unfortunately the patient most obstinately refused following the remedial means ordered for her, and she was on this account obliged to be discharged, so that the ultimate event of the case has not been ascertained.—*Rust's Magazin*.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

June 11th.

DR. BILLING, PRESIDENT, IN THE CHAIR.

Precocious Puberty.

MR. CALLAWAY reported that he had brought for the examination of the Society, a striking instance of premature puberty. The father of the boy accompanied him, and stated, that his age was now about three years and eight months; that he was born a small child, and that, at nine months, there was a rather sudden development of the signs of puberty. His height is now three feet ten inches, and his weight four stone and nine pounds. He informed the meeting also that he eats heartily, that his voice is hoarse, that his memory is imperfect, that he is not so sharp and intelligent as children usually are at his age, and that he had not shed any teeth. The boy's countenance is manly, his whiskers are pretty strong, and he has some beard. He is remarkably well formed, and gave evidence, by his facility of lifting a heavy book, that he surpasses children of his age in strength. His genital organs are fully developed, and the pubes covered with hair. The father stated that the erections, both in the day and night, were frequent, but no emission had been observed. He had shewn venereal propensities, but had not exhibited more excitement towards one sex than towards the other. The manliness of his voice was demonstrated after he retired to an adjoining room, when the noise he made in his gambols was imputed to the loud conversation and laughter of men. Although he could not speak well, he looked intelligent and inquisitive on the things around him, and appeared playful*.

Hydatid Tumors.

The remainder of the evening was occupied by a very interesting discussion on the treatment of hydatid tumors, and encysted dropsies. The conversation arose from the introduction of a young man who appears to have a large hydatid cyst connected with the liver. Drs. Babington, Whiting, Billing, Mr. Key, and other members, detailed numerous and important facts connected with the history of these formations; and many of them demonstrative of the danger of puncturing hydatids, except in the early stage, and when the parent hydatid can be brought away.

Cases were also related of the spontaneous cure of encysted dropsy by accidental

* This boy has recently been exhibited at the Borough hospitals, by his father, for money. He was examined a few weeks ago by a distinguished professor from Dublin, who thought that idiocy was combined with the precocious puberty, and put it as a medico-legal question, whether he ought not to be castrated.—ED.

bursting; and Dr. Robinson mentioned an instance of the treatment by compression proving fatal. The particulars connected with these facts would encroach too much on the space allotted to these reports.

DISTRIBUTION OF PRIZES AT GUY'S HOSPITAL.

ON Wednesday last, the successful candidates for the Anatomical Prizes, were presented, by Mr. Cooper, with their appropriate rewards. The senior prize was ably contested by Mr. Bacon and Mr. Guy; and, after a long and meritorious examination, there being no perceptible difference in their respective merits, a prize of equal value was awarded to each.

The competitors for the junior prize were more numerous, and exhibited, in the course of their examination, an acquaintance with the subject, which could only have been acquired by a degree of industry and assiduity highly honourable to themselves, and creditable to the class of which they formed a part. The prize was finally divided equally between Mr. Hughes and Mr. Tweedie.

It is to be regretted that the competitors for Mr. Key's Surgical Prize were not more numerous. Mr. James Edgcome was the successful candidate, and was presented with a handsome case of instruments, after an examination which, upon the whole, was deserving of praise.

To the Editor of the London Medical Gazette.

SIR,

I shall feel obliged if you will give the above account insertion in the next Number of your publication; inasmuch as I feel assured that publicity must tend to enhance the value of the prizes, in the estimation of those who have obtained them.

At the same time, Sir, as a fellow student, I cannot but avail myself of this opportunity of publicly thanking those Gentlemen, for the honour which their examinations have reflected upon the class—an honour to which, I am sure, not one amongst us is insensible.

I am, Sir,

Your obedient servant,

A STUDENT AT GUY'S.

June 13th, 1828.

NOTICES.

Communications have been received from "Dr. Hawkins"—"Mr. Dewhurst"—"Dr. Ryan"—"Juvenis"—"Voyageur"—and "An Old Practitioner."

"Juvenis" will find a letter for him at the Publishers'.

Books received in our next.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 30.]

SATURDAY, JUNE 28, 1828.

[Vol. II.]

ESSAYS ON SYPHILIS.

By JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 38.]

I MAY next take a cursory view of what the Arabians have added to our stock of knowledge, relative to the antiquity of this disease; and in doing so, it is necessary to recollect that the medical writers of that extraordinary people were large borrowers from the Greek authors, and were also well acquainted with many formidable cutaneous diseases, particularly the leprosy and elephantiasis. On another account, also, the Arabian writers demand our attention, since from them the employment of mercurial preparations was unquestionably derived; the application of which afterwards, to the cure of the venereal disease, was, in all probability, the result of analogy, since their utility in many cutaneous diseases had been long recognized by the practitioners of that nation. But, before I make any further mention of the Arabians, it will be proper, in order to keep up a connected chain of evidence, to mention a few of the later Greek authors, with the dates of their respective works; shewing that from them no additional arguments for the antiquity of syphilis, can be fairly adduced. Of these, I shall merely mention Aribasius, Citius, Paulus Egineta, and Actuarius. The first of these writers does little more than copy what was already known upon the subject of ulcerations, and other affections of the genitals; nor does Etius, though much more copious, add any thing to our stock of information. Paul

of Egina talks of the excision of warts, under certain circumstances; he directs them to be tied, or destroyed by the cautery; and many precise rules are laid down for the treatment of ulcers of the parts of generation, of rhagades, condylomata, and their varieties, under five or six different appellations;—but still the great distinction remains: there is no allusion to subsequent disease as deducible from these local affections—no hint that the constitution might participate in the mischief. Four centuries later, Actuarius flourished at Constantinople. He has been supposed, by some historians, to have been bred up originally in the schools of the Arabians; at least, it is very certain that he borrowed as liberally from them as from the Greeks, and yet we shall search his writings in vain for any new or more precise information with respect to these affections; and I am induced to mention this author in particular, because he forms a fair link of connexion between the Grecian and Arabian authorities, and proves, not only by what he has said, but by his having omitted to say more than is to be found in the writings of his predecessors, that no new symptom, nor additional feature of aggravation, belonged to these complaints in the time in which he lived, than had been remarked for centuries before him.

When we speak of the authority of the Arabian writers, it will be necessary to recollect that the chief learning of that nation was originally derived from the Greeks. Alexandria was taken by the Saracens in the seventh century; and though we are told of the destruction of the famous library, by command of the Caliph Omar, there is

good reason for believing that the schools of physic were still kept up in that city, even in the succeeding century, by Christian teachers. It was not until the year 767 that Bagdad was built; from which period, the seat of Arabic learning seems to have been transferred there; yet, even then, most of their philosophy appears to be borrowed from the Greeks. I have considered it necessary to enter into this explanation, lest it should be thought that I have not dwelt at sufficient length upon the writers of this nation: there are, in truth, but few of them who do not mention ulcers, warts, fistulæ, and other affections of the parts of generation; yet, excepting in the adoption of new names, there is little else to arrest our attention; for instance, in the writings of the Arabians, we first read of the Bothar, the Alsophate, the Moram, and Ignis Persicus, though the precise meaning of some of these appellations is by no means obvious; indeed many of them appear to have been synonymous terms, whilst others have been adopted from their supposed resemblance to the effects of fire, as, for example, the Ignis Persicus, "*qui dicitur ulcus carbonosum et generatur ex sanguine ferventi cum cholera mixto;*" just as the Formica was so designated, because the pain it produced was compared to the bite of an ant. Rhazes, to be sure, mentions an ulcer of the penis, which, according to him, was produced in a very strange manner, viz. by the "*accensionem mulieris supra virum;*"—and Avicenna gives us reason to believe that the leprosy was sometimes communicated by connexion between the sexes; a circumstance by no means to be wondered at, considering the undoubtedly contagious nature of that disease; but he does not insinuate that there was any thing new or remarkable in this, or that the symptoms differed from those usually met with in leprous patients. He mentions, indeed, an ulcer of the penis, and heat of urine, as symptoms by no means unusual in the progress of that disease, though it is to be remarked that, some ages before his time, Citiis, in speaking of the contagious nature of leprosy, warns his patient to avoid coition; nay, he declares it to be very unsafe to go near a leprous patient.

I have now brought down my history to the writers of the middle ages, and

have already said enough, I trust, to convince the sceptical that there is no really well-founded reason for believing that any disease, generally affecting the constitution, or tending to the destruction of the patient, was known to the Greeks, Romans, or Arabians, as the direct consequence of connexion between the sexes; but I must now claim a little farther indulgence, in order to clear up the difficulties which the zeal of Mr. Beckett, a very staunch partizan of the antiquity of syphilis, has thrown in our path; for although Astruc has, I think, very successfully combated his arguments, and overthrown his authorities, yet, as Mr. Carmichael has, in his late publication, again brought that author into notice, and appears to give implicit credit to his assertions, it is incumbent upon me to examine a little into his pretensions; and here I cannot refrain from quoting a passage from the work of the learned and acute historian of physic, Dr. Friend, who, speaking of the first invasion of syphilis, says, "It may be proper to observe, that in the earliest appearance of this distemper, as well as since, there were many who, not being used to think, or reason, any farther than as the ancients shewed them the way, took a great deal of pains to prove that the disease was known both to the Greeks and Arabians, though but imperfectly described, and represented under the names of the different kinds of leprosies, exulcerations, and other cutaneous affections. And here we have instances how the words of old authors may be wrested and perverted to serve the present purpose, and support a favourite opinion; for their method of arguing was to quote by scraps—to pick out one symptom out of one author, another out of a second, and so on, till they at last dressed up such a disease as the ancients had not the least notion of." Again, the same author very pertinently remarks, in answers to those who believed syphilis to be no other than leprosy, under a new name, that the leprosy was then a common disease, and could not want such an extraordinary phenomenon in the heavens as is related by some authors to account for the first appearance of syphilis. But to return to Mr. Beckett:—this gentleman wrote as lately as the year 1718, and his papers are to be found in the 30th and 31st volumes of the Philosophical Transactions. The chief au-

thorities he adduces in support of his opinions are the following :—the first is to be found in the writings of John Ardern, an Englishman, who, it appears, lived at Newark in the year 1349, and afterwards removed to London.

Among other stories relating to this subject, it would appear that he mentions a disease called *arsura*, which consisted of an internal heat, with an excoriation of the urethra; but this is only a repetition of what is to be found in the Arabian writers. Beckett might have added, that he also relates cases of abscesses and schirrous tumors, that form in the penis, but not one word does he say either as to their origin or consequences; nor can we doubt that, in the first named disease, he speaks of gonorrhœa. Mr. Beckett's second argument is drawn from the ordinances of the Bishop of Winchester's Stews in Southwark, where the disease of brenning, or burning, is recognized as the product of impure connexion, and many regulations are detailed to prevent the spreading of the disease. This argument, however, I need not enlarge upon, since it is of pretty general notoriety, and has received ample confirmation from several authors of that age, particularly in a work of Dr. Boord's, published in 1546; from a tract by Dr. Bulleyn, in 1562; and also from a manuscript by one John Bayle, in the possession of Mr. Beckett himself. Another source of argument might also be derived from the statute published by Joan, Queen of the two Sicilies, and Countess of Provence, in the year 1347, the fourth article of which is to the following purport. The queen commands, that, on each Saturday, "the bayless of the brothel, and a barber deputed by the consuls, do visit all the strumpets who shall be lodged in the brothel; and if any one be found who has contracted any disease by fornication, such women shall be separated and lodged apart, in order to prevent the communication of disease to the young men." It is proper, however, to add, that there are some doubts as to the authenticity of this document. So far Mr. Beckett successfully proves that Gonorrhœa was a common disease long before the siege of Naples; but that fact has not been denied, and is distinct from the question at issue. He next proceeds to relate some cases, in which the leprosy was communicated

by intercourse between the sexes—a truth, the possibility of which no one could deny; but as leprosy was well known in those days, acknowledged universally to be contagious—and, moreover, as no new symptoms are recorded, and no astonishment is expressed by the relaters of these cases, as to such an occurrence, we may fairly conclude that this argument is worth little or nothing.

Mr. Beckett next quotes Theodoric, originally a Franciscan friar, and afterwards Bishop of Cervia, who wrote in the twelfth century. This author is remarkable on several accounts: first, as describing the same disease, the *arsura*, as arising from impure connexion with a leprous woman; and secondly, as having been the first who introduced the use of mercurial preparations into practice. The effect of mercurial inunction upon the mouth seems to have been well known to him; and this knowledge he plainly appears to have derived from the Arabians, among whom several formulæ for the preparation of these remedies are to be met with, and which they applied to the cure of many cutaneous diseases. Theodoric is copied largely by our countrymen, Gibbertus Anglicanus, and John of Gaddesden; the latter of whom recommends the following extraordinary mode of cure to the female patient, who is directed to leap backwards down stairs. Such are the principal facts adduced by Mr. Beckett in his first paper. Two years afterwards, he published a second; in which he brings forward two additional testimonies in support of his former opinions. The one is a manuscript in Lincoln College, Oxford; wherein it is asserted that Thomas Gascoigne, Doctor of Theology, the author of the manuscript, was acquainted with several persons who had died of the putrefaction of their genitals, and of their whole body, in consequence of illicit connexion; adding, that John of Gaunt died of this same disease; although, from the context, it would appear plainly that no particular disease was alluded to, in his instance at least, but that the death of that prince was owing to "*frequentationem mulierum, magnus enim fornicator fuit.*" The other testimony is that of John Ardern, spoken of above; to which there is, therefore, no occasion to revert. It is strange, however, that Mr. Beckett, zealous as he was, should have

overlooked one or two authorities, at least equally strong, or stronger, than any he has produced; but as it is my intention not to conceal any thing, I shall point out these authorities, though I conceive they admit of the same explanation which has been given to the previous quotations. The passages I allude to are found in Lanfranc, Gordonius, and in Gulielmus de Saliceto: the two latter, indeed, only repeat what the former has said, but that is, at least, a proof that the subject matter was believed and recognized in their days. The former of these writers, who lived in the middle of the thirteenth century, speaks of a bubo, which, he says, may arise from a corruption in the penis of a man in consequence of lying with a foul woman, or from other causes; and the reason he gives for it is curious enough:—he says, that the corruption is multiplied, and retained in the yard, “unde non potest natura mundificare virgam aut locum, primò propter strictam viam illius loci, unde redet et regurgitat materia ad locum inguinum propter habilitatem loci illius ad recipiendum superfluitatem qualibet; et propter affinitatem quam habent hæc loca ad virgam.” Gordonius, whose work appeared in 1305, acknowledges abscesses and ulcers in the penis as the consequence of lying with a woman whose womb is foul, and full of virulent sanies. To these descriptions Lanfranc adds, that whoever wishes to preserve himself from corruption, when he has had connexion with a female suspected of foulness, (immunditia) should wash the penis with vinegar and water. Now these three authorities appear, upon the first glance, to give strength to Mr. Beckett’s arguments, but, in fact, they do no such thing; they prove, I think, in the strongest manner that negative evidence can do, that beyond a gonorrhœal discharge, and ulcers or pustules on the parts of generation, no other evil consequences were to be dreaded from impure connexion, and we shall soon see how strong and marked the contrast becomes; not by imperceptible shades and gradations—not by one author adding one symptom, and a successive writer another—but that *all at once*, towards the conclusion of the fifteenth century, the public become the victims of a train of symptoms altogether unusual and undescribed; rebellious to every mode of

treatment then in use—not attacking the poor only—not confined to those whose circumstances and situation in life exposed them to more than the ordinary chances of disease, and deprived of the ordinary means of cure—but exhibiting all its rage, and exerting its baneful powers, over princes, cardinals, nobles, of both sexes; thus proving, not only the severity, but the extensive progress of this hitherto unknown scourge. Surely, then, I may be allowed to say, that if there is any single historical fact that can be said to be proved, it is that of the origin of syphilis being referable to the latter years of the fifteenth century; for I cannot understand otherwise, why, at that precise period, we all at once hear of ulcers on the parts of generation in both sexes, followed speedily by excruciating nocturnal pains, by corroding ulcers over the whole body, by affections of the throat and nose, and very frequently by death; when not one word, that can be construed into any similar affection, is to be met with distinctly stated in any writer before that period. I think we have no right to impute so much dulness to our forefathers; they offer no parallel instance of any such gross error in mere matters of fact. Whatever their faults as theorists may have been, as careful observers of what was passing under their eyes every day, so gross a mistake could not have occurred to them; and had such a dogma as the novelty of a really old and well-known disease been started by any interested or ignorant writer of that age, we cannot but believe that it would have met with an instantaneous refutation and denial. I here, then, beg leave to declare my belief that the venereal disease was not known to the writers of antiquity; and, secondly, that, in the course of our research, it has appeared very clearly that a disease resembling gonorrhœa had been prevalent in Europe several centuries earlier, and most probably had been known from the remotest periods of history. But of this, more hereafter.

Having now disposed of this first part of my inquiry, I come to consider the origin of syphilis; in other words, whether it is a disease imported from the West Indies or not? This belief has been so generally adopted, that an attempt to controvert it may, perhaps, startle the majority of my read-

ers; nevertheless, it seems to me to be an opinion formed too hastily, directly at variance with historical evidence, and acquiesced in, probably, more on account of the apparently useless nature of the inquiry, than from any intrinsic force in the arguments by which it is supported. It may not, indeed, be a matter of much moment to the practitioner, to ascertain whether the common account of the origin of syphilis be true or not; but as a matter of literary research, it is surely deserving of some moments of our attention; and we surely need not refuse to occupy ourselves for a short time in an inquiry which Sydenham thought worthy of his consideration, and which has attracted the notice of Swediaur, Sprengel, and other eminent practitioners. Among those who have doubted the commonly received account of the birth-place of the venereal disease, I might mention the name of the late Mr. Pearson, from whom, indeed, my scepticism upon this point was originally derived, and who has recorded his doubts in his Treatise on "the Effects of various Articles of the Materia Medica in the Cure of Lues Venerea."

To return to my subject: I shall not rely much upon what Sydenham has urged on this part of argument, since he does not enter deeply into the enquiry, but proceed at once to mention the works of Dr. Sanchez Riberio, of Hensler, Sprengel, and Swediaur, with the authorities they have adduced: Dr. Sanchez published his opinions at two separate periods, his first work appearing in 1765: to this, Dr. Robertson, who, though not a medical man, may be supposed to be a competent judge of an historical fact, is not disposed to attach much importance, but he afterwards says, having seen the second edition of Sanchez's book, "it contains several additional facts in confirmation of his opinion, (that is, that lues was not imported from America) which is supported with such plausible arguments as render it a subject of enquiry well deserving the attention of learned physicians. Dr. Hensler's work was published at Altona, in the years 1783 and 1789; and from these authors may be collected a train of facts and reasonings founded upon them that are well worthy of our consideration. In the first place, they call to our recollection that Columbus returned from his first voyage

of discovery in the month of March 1493, to the port of Palos in the Mediterranean sea; (they ought to have added that he first put into the Tagus, and remained at Lisbon for five days) from Palos he went to Barcelona, where Ferdinand and Isabella then held their court: he was accompanied by some of his crew, and six Indians whom he had brought with him from the island of Hispaniola: the remainder of the ship's company continued at Palos or Seville, and we do not hear that they communicated any disorder in either of those places: how then can we reconcile these dates with what Baptist Fulgocius has related; who asserts, that two years before king Charles's invasion of Italy, that is, in 1492, a new disorder broke out, for which the physicians knew no remedy? In France it obtained the name of the Neapolitan disease; whilst at Naples it was called the French disease. The testimonies of De Isla and Oviedo, though they both affirm the West Indian origin of syphilis, appear to be deserving of little credit; (indeed the authority of Gonzalvez de Oviedo is worth nothing, for he affirms that the disorder was conveyed into Italy by Cordova's fleet, which, however, did not arrive at Messina until 1495, and consequently not till two years after the disease had existed there): but in truth both these authorities sink into insignificance when contrasted with the silence of Peter Martyr, who was physician to the King of Spain, and actually at Barcelona when Columbus made his appearance there after his first voyage, and where he remained until nearly the end of the same year, and yet he (Peter Martyr) does not say one word as to the importation of this disease in any of his writings; but this is not all, for the same author, in a letter addressed to Arius Lusitanus, the Greek professor at Salamanca, and which letter is dated in the year 1488, that is, five years before the return of Columbus from America, has the following decisive passage. "In peculiarem te nostræ tempestatis morbum, qui appellatione Hispanâ bubarum dicitur, (ab Italis, Morbus Gallicus, Medicorum Elephantiasin alii, alii aliter appellant) incidisse precipitem, libero me scribes pede. Lugubri autem elego calamitatem ærumnasque gemis tuas, articulorum impedimentum, internodiorum hebitudinem, juctuarium omnium dolores esse proclamas,

ulcerum et oris foeditatem superaddis." To this, I shall subjoin what Leo, the African, says:—"This (the French disease) was not known in Africa before the time that King Ferdinand drove the Jews out of Spain; it is looked upon as an undoubted fact that it was brought from that country:" and he farther asserts, that it took its origin from the commerce which the natives of Africa had with the wives of the banished Jews.

Another historical fact throws some additional light upon this subject: it appears that when Grenada was taken by Ferdinand and Isabella that many of the Moors fled into Italy, and they are distinctly accused by Infessura as having imported the disease into that country. In the month of June, in the following year, that is 1493, the Spanish ambassador complained that the Pope (Alexander the Sixth) had received these fugitives into the city of Rome. In October it is announced that a Cardinal had died of this new plague; and early in 1494, the Pope wrote to Charles the Eighth of France, who was then preparing for his Italian expedition, that he had better delay his journey, as a great and new plague was then raging in Rome. But perhaps a still stronger proof of the position I maintain, may be gathered from the silence of Columbus himself, as well as that of his son Ferdinand, who wrote the history of his father's life, in which he gives a description of all the diseases which afflicted the Spanish adventurers up to the year 1496, but there is no mention of such a disease as syphilis to be found in his work; neither do any writers on America, for the first 35 years, make any such assertion—the account given by Lopez de Gomara relating to a period long subsequent to this. I shall beg leave to add one more consideration: among the numerous names given to the disease, upon its first invasion, no one ever thought of calling it the American disease, a most singular omission, if the persuasion of its West Indian origin had been so universal as it was afterwards asserted to have been. I am unwilling to extend this part of my subject unnecessarily, and I shall therefore only observe, in reply to those who draw an argument for the contrary belief from the knowledge which the natives of Hispaniola had obtained of the virtues of the Guaicum wood, and the cures they were enabled to perform by its means.

Upon enquiry, we shall find that the first knowledge of this remedy in Europe was not obtained until the year 1508, rendering it very probable that the discovery of the virtues of the Guaicum was but recently made by the Indians; for had they known it previously, there can be little doubt that the knowledge of the disease, (granting its American origin) and its remedy, would have been communicated nearly at the same time. Upon this, Swediaur remarks very properly, that should the natives of Otaheite discover some remedy for the venereal disease, it would be quite as fair to conclude that, therefore, it must have been endemial in that island. It would be easy to produce many other passages from contemporary authors, tending to establish the position that I have assumed, namely, that syphilis was known in Italy several years prior to the return of Columbus from America; and that the invasion of Italy by the French, followed by the siege and capture of Naples, where the troops of several nations were assembled in great numbers, served only to render its progress more rapid, and to spread it in every direction throughout Europe; for we find, that in 1497, it had acquired so much importance, and become so serious an evil in Paris, as to give rise to an *arrêt* of the parliament of that city, by which, among other regulations, it is ordered that every person not actually residing in Paris, should, when seized with the disorder, after the date of the proclamation, go out of the city, to the country or place of their birth, under the penalty of death; and a few months later, that is in September, James the Fourth of Scotland found it necessary to issue a proclamation, banishing all persons afflicted with the *grand gore* to the island of Inch Keith, over against the town of Leith. I have now said enough, I trust, to shew that there are sound reasons for doubting the commonly received opinion of the American origin of syphilis; but it may very reasonably be asked, from whence then did the disorder proceed, since it is quite evident that its origin must be dated at no very great distance of time from that period, and that it then first began to excite a great, but well-founded, alarm among all the nations of Europe? This, then, will form, in part, the subject of my next Essay.

PATHOLOGY OF THE BRAIN AND NERVOUS SYSTEM.

Abstract of the Croonian Lectures,

Delivered at the Royal College of Physicians,

BY DR. FRANCIS HAWKINS.

[Continued from page 43.]

Lecture II.—May 16, 1828.

IN the preceding lecture the general structure of the brain was described, and the fibrous appearance exhibited which its medullary substance presents when hardened in alcohol. The nerves were also traced, as far as it has hitherto been found possible to explore their origins; and a general view was given of their functions, as far as they are at present known and understood.

In consequence of the time allotted for the lecture having elapsed, it was necessary to defer the notice intended to be taken of the theory and exposition of the nervous system, which have recently been promulgated by Mr. Bell, to whom neurology is especially indebted, on account of the ingenuity and perseverance with which he has continued his labours, and the general spirit of inquiry which his observations have excited.

The lecturer here gave an outline of Mr. Bell's arrangement of the nerves, and theory of the respiratory system, which, he observed, have been illustrated with many original and highly-interesting pathological observations—particularly with relation to the different effects produced by disease or injury of the 5th and 7th nerves; to the influence of certain nerves on the motions of the chest, and on the expressions of the countenance; and to the separate offices of the nerves of the orbit. But, it was added, that strong objections have been urged against these views by Dr. Alison and others.

A description was then given of the structure of the spinal cord; and its external furrows and central grey matter were exhibited, with the aid of Mr. Mayo's plates and hardened preparations. The properties and uses of the spinal cord, it was said, may be inferred from observations made in comparative anatomy, and proved by experiments performed on animals. Preparations were

then sent round, exhibiting the nervous system of the simplest orders of the animal kingdom, of radiated and articulated animals and mollusca. "The parts which in vertebral animals correspond with the entire nervous system of the lowest order, are the spinal cord and medulla oblongata, with the nerves arising from them. It follows, therefore, from analogy, that these organs must be sufficient for sensation, motion, and common instinct; and the truth of this conclusion is confirmed by experiment. In proportion as we ascend in the scale of organization, we observe a progressive accumulation of nervous matter upon that part of the central organ which is nearest to the head or mouth; and in the same proportion as this alteration takes place, the accumulated nodule assumes an increasing influence over the rest of the frame, and requires to have that influence transmitted to all parts of the body. Here, then, we have an intimation of another important office of the spinal cord and nerves, namely, the transmission of nervous influence or impressions to, or from, the cerebral mass. The spinal cord may be said, therefore, to be at once the source of certain functions, and the medium of communication with the brain. It further appears, from experiments performed on animals, that every segment of the spine, with the nerves arising from it, contains within itself the physical organization requisite for sensation and for instinctive action."

An account was here given of the experiments in which the spine of a rabbit was divided in two places, and the members of the body connected with each segment preserved their sensibility to irritants applied within the sphere of the same segment. "It is still, however, necessary that there should be a mutual transmission of nervous influence between the centre in the head and every part; and hence division or laceration of the spine causes paralysis of so much of the frame as lies below the injury. It appears that this transmission of nervous influence is carried on principally through the white external fibres of the spinal cord. M. Magendie has found that upon destroying with a wire the central part of the spine, sensation and motion are not interrupted. He has also ascertained that division of the posterior half of the spine destroys, in all the parts beneath, sensation only,

while voluntary motion remains; and, on the other hand, that division of the anterior half interferes with voluntary motion, but leaves sensation unaffected. Moreover, the posterior part of the spine, the medium through which sensation travels, appears to be the only part which is itself possessed of acute sensibility. With respect to the connexion between the spinal cord and the heart, the experiments of Mr. Brodie, Dr. Wilson Philip, and Mr. Mayo, have shewn that, contrary to the assertion of Legallois, the contractions of the heart do not depend upon a series of impressions transmitted either from the brain or spinal cord. But though these organs do not originate the motion of the heart, it is clear that their influence greatly affects its action: this is evident from the effect of mental emotions, and it is proved experimentally by the application of spirit of wine or opium to the surface of the brain, or to the cervical or dorsal part of the spinal cord."

The structure of the medulla oblongata was next demonstrated, and the decussation was shewn which takes place between the anterior pyramids. "To this it may probably be attributed, that injury of one side of the brain produces paralysis of the opposite side of the body. The ancient physiologists imagined that a general decussation of fibres took place within the substance of the brain; but this hypothesis would not account for the paralysis occurring, as it often does, on the same side of the face with the injury, although in the rest of the body it affects the opposite side. Some experiments by M. Magendie have been brought forward as opposed to the explanation now given; but it should be recollected that each pyramid is formed in part of fasciculi continued along the *same* side of the spinal cord; hence there is only a semi-decussation established between them, similar to that which has been shewn to exist between the fibres of the optic nerves and tractus optici; and until the separate effects of the continuous and decussating fibres can be duly estimated, some apparent anomalies in the results of experiments may naturally be expected. There are many pathological cases, some of which will be afterwards adduced, which tend to shew that there is in this respect a striking difference between the cerebrum and cerebellum.

Whilst injury of the cerebrum causes paralysis of the opposite side, injury of the cerebellum produces that of the same side; and since between principal parts of the crura cerebri we find a decussation of fibres, but none between the crura cerebelli, the natural structure is here in accordance with, and illustrates pathological phenomena.

"With respect to the uses of the medulla oblongata, its great importance may be understood from the nerves to which it gives origin; to those, namely, from the 5th to the 9th inclusively. Now these are all which appear to be absolutely essential to the preservation of animal life; for acephalous infants have lived for several days, the origins of these nerves being perfect."

An account was here given of the experiments of Magendie, in which life was retained after the removal of the cerebrum and cerebellum, in successive slices, down to the origin of the 5th pair of nerves.

"Connected with this subject, it is a fact not without interest, that the medulla spinalis and crura cerebri are the parts of the nervous system which are first developed in the fœtus. According to the laborious investigations of Professor Tiedemann, at the end of the second month the spinal cord, and the two anterior prolongations and peduncles of the brain, form, as it were, the basis to which the other parts are subsequently attached; and these observations are confirmed also by M. Serres. But it is important to observe, when we are examining the progressive development of the nervous system in the fœtus, and when, in describing this system, we use the terms *origin* and *production*, that we are not to understand these terms in their literal acceptance, nor to suppose that one part actually grows or vegetates from another, although a confusion of this kind runs through the works of some of the best physiologists—Tiedemann, Gall, Serres, and others. It is far more probable, as observed by Magendie and Desmoulins, that each part is formed separately in its place by the vessels of the pia mater. The importance of the medulla oblongata is further proved by the effects of injuries: pressure upon it causes stupor; and is said to arrest the power of vomiting; and it is probably owing to compression of the same part that vertical pressure upon the

cerebrum or cerebellum is far more dangerous than lateral pressure, which appears, in fact, to produce no injury. The immediate connexion thus found to exist between the continuance of life and the integrity of the medulla oblongata, and nerves arising from it, bears witness to the justness of a remark made by a physician of acute observation and great experience—that the degree in which the speech and the 9th pair of nerves are affected in apoplexy, may be generally taken as a criterion of the danger which is to be apprehended from the attack.”

The next subject of the lecture was the structure of the cerebellum. The course and order of its central white fibres were demonstrated, as well as the manner in which it is connected with the medulla oblongata, and crura cerebri, and in which its opposite hemispheres are connected together. Then followed the analogous structure of the cerebrum; and the crus cerebri was shewn, as it spreads its diverging fibres to the convolutions of the whole circumference of the corresponding hemisphere; and other fibres were seen connecting together adjoining or remote convolutions of the same or of opposite hemispheres.

“ Thus we see that universal, but regular and definite connexions, are established between all parts of the cerebrum and cerebellum. Can we assign to the parts thus connected their separate uses, as well as mutual relations? Many attempts to effect this have been made by theorists and experimentalists, by physicians and metaphysicians; but, hitherto, the conclusions which have been drawn are far from being legitimately proved; nor do the theories which have been erected rest upon a firm foundation.

It would be curious, rather than useful, to trace the opinions which have been held in ancient times respecting the separate offices of parts of the brain, or to enumerate the various abodes which have been fancifully assigned to the soul. As a specimen of the theories constructed, when the doctrine of animal spirits was in vogue, it may be mentioned that, in the system of Willis, it was maintained that the animal spirits, generated, as before-mentioned, in the cortical part of the brain, proceed to the corpus callosum, which he calls their ‘ public emporium;’ from whence

they circulate, through the fornix, to and from the posterior part of the brain, ‘ as through a pelican’s bill inserted into its own stomach.’ The ventricles he calls a sink, or drain, for serous humours, which either pass by the way of the infundibulum to the pituitary gland, and thence, by certain vessels under the bone, into the jugular veins, and back again into the circulation; or else are conducted off by the processus mamillares (*i. e.* first pair of nerves) to the foramina in the cribriform bone. The corpora striata he calls the common sensorium, and says that there is a commissure between them, to render them single in function. In cases of paralysis, he observes, that he has found them softened, discoloured, and having the striæ obliterated. His argument is, that since these bodies are placed between the cerebrum, cerebellum, and nervous system, so that nothing can pass from one to the other but through them,—‘ nihil probabilius videtur, quam has partes, commune illud sensorium, seu τὸ πρῶτον Ἀισθητήριον esse, quod nempe species, impressionesque omnes, excipit, dignoscit, easque seriebus idoneis ordinatas in corpus callosum transfert, ac imaginationi ibidem præsidi repræsentat; quod item motuum quorumque spontaneorum impetus et instinctus in cerebro inceptos, in appendicem nervosam ab organis motivis obeundorum transmittit.’ Such were, in former days, the dreams of physiologists! In modern times, the attempts to determine the uses of different parts of the brain and nervous system have been made chiefly by observing the effects produced in animals by excision or mutilation of those parts. Some of the most curious experiments connected with this subject, are those which have been instituted with the view of determining the office and functions of the cerebellum. The results said to be obtained by mutilating different parts of this organ, and by sections of it in different directions, are perfectly marvellous.”

An account was here given of the experiments of Rolando, Fleureus, Fodera, and Magendie, which have been described in the *Journal de Physiologie*, and work of Desmoulins and Magendie.

“ Such are the effects which are stated to be produced by injuries of different parts of the cerebrum and cerebellum. In one case, the animal is said

to recede constantly backward; in another, to spring directly forward; in a third, to revolve in mazy circles, towards this side, or towards that; a new nature, new activity, appear to be given to the animal by the stroke of the operator's knife.

'Ceus quondam torto volitans sub verberibus turbo,
Quem pueri magno in gyro vacua atria circum
Intenti ludo exercent: ille actus habenâ
Curvatis fertur spatii: stupet inscia supra
Impubesque manus, mirata volubile buxum:
Dant animos plagæ.'

"From experiments such as have been described, M. Rolando came to the conclusion that the cerebellum is the source of all the voluntary movements of the body: but M. Fleureus maintains that, instead of originating, its office is to regulate motion. Another hypothesis, that of Magendie and Desmoulins, is, that an animal naturally exists under the influence of two distinct influences—one urging it forward, the other backward; and that when the organ of one impulse is removed by the partial destruction of the cerebellum, the influence of the other becomes predominant. But it is far more probable, as Mr. Mayo suggests, that the phenomena in question may be attributed to a species of vertigo produced by the injury: and this notion is consistent with pathological observations. M. Fodera states, that similar phenomena may be produced by injecting a solution of camphor in oil, into the abdomen in animals; and this can only be supposed to produce them by causing vertigo in the brain. Indeed, whoever has observed the effects of intoxication, may have some idea of the production of such phenomena. The gait of a drunken man is more than unsteady,—his motions are somewhat circular: when 'reason reels,' there is a tendency also in the body to revolve. It is well known that the commencement of hydrocephalus in sheep, to which disorder they are particularly subject, is manifested by a tendency in the diseased animal, instead of walking directly from you, to turn in a circular manner. It is probable that this effect arises from pressure being then made upon the optic tubercle. Cases have been recorded both by M. Serres and by M. Magendie, in which organic lesions of the cerebrum, or cerebellum, have been followed by a tendency in the patient to revolve, or to recede constantly backwards."

[To be continued.]

OBSERVATIONS ON THE OPERATION OF LITHOTOMY.

By M. BARON LARREY.

If the operation of bubonocoele presents almost always difficulties in the performance, arising from the various and unforeseen complications which strangulated herniæ afford, we see likewise, in lithotomy, difficulties to overcome occasionally, which require all the skill and courage of the surgeon to surmount.

It is often difficult, sometimes impossible, *a priori*, to appreciate the nature of urinary calculi, and their relative situation with respect to the bladder, so as to determine the fittest mode of operating in each case: therefore an exclusive method cannot be recommended, or adopted; each case must stand upon its own merits; for that operation which would appear to be the least painful and most certain, is often contra-indicated in the particular instance in which it may have been proposed. The following cases will explain my meaning.

The subject of the first, was King, a soldier in the first Swiss regiment of the guard, who was admitted into the hospital in September 1825, complaining of violent stranguary and tenesmus, with fever, accompanied by incontinence of urine, which passed from him drop by drop. A stone was discovered to be the cause of these symptoms, which appeared not only to be unequal on its surface, but adherent to the bladder; and, therefore, I expected to meet with difficulties in the operation, which was performed in the presence of MM. Ribes and Souberbielle. There was some difficulty in passing the sound into the bladder, in consequence of the size and situation of the stone; but the incision of the integuments, urethra, and neck of the bladder, was quickly effected by a strong straight bistoury. The introduction of the gorget, however, was equally difficult, and that of the forceps became absolutely impossible. The index finger being passed to the bottom of the wound, I discovered that the stone, covered with tuberculous asperities at the part corresponding to the incision, was adherent, at every other point of its circumference, to the mucous membrane of the bladder: it was necessary, there-

fore, to destroy these adhesions, which I, at length, succeeded in effecting; but afterwards, I was compelled to pass in the forceps, with their blades separated, in the same manner that the forceps are introduced between the cranium of the infant and the pelvis, in difficult labours. The first attempts to extract the stone were followed by the fracture of some of its asperities; but, at the *third trial, the whole was brought away, with shreds of the mucous membrane, which covered about three-fourths of its circumference.* Emollient and anodyne injections were then thrown into the bladder, a ligature was applied to the transverse artery of the perinæum, which had been divided, and the patient put to bed. Iced mucilaginous drinks were prescribed, with emollient clysters, and chicken broth for diet. A few minutes after the operation, King was plunged into a cold, emollient bath, on coming out of which he slept for several hours: that night and the following day passed without any bad symptoms. In the evening of the following day, he had a slight attack of fever, with some pain in the abdomen and tenesmus: two successive bleedings in the arm were practised, the baths were repeated, and anodyne emulsions prescribed to be taken at night, as well as embrocations of the oil of almonds upon the belly. From the fourth day, I no longer had any anxiety as to the issue of the operation, and in about a month the patient was perfectly well.

From the fifth to the eighteenth day, he had passed by the wound portions of white membrane, thrown off from the mucous surface of the bladder: at length this organ became gradually so much dilated that the patient was enabled to retain his urine from two to three hours.

The second case occurred in a child named Binet, 7 years of age, who had suffered for some time from difficulty in passing his water. Having sounded him, I discovered a small calculus, which could only be reached by passing the instrument in very deeply. It was not to be felt by the finger in the rectum; nevertheless, being certain of its existence, I did not hesitate to perform the operation. The incisions were made rapidly and easily; but the extraction of the stone was attended with difficulty, on account of its adherency to the fun-

dus of the bladder: a very long and fine pair of forceps were necessary to lay hold of it, and with these I succeeded easily. The adhering portion was covered with membrane: the same precautions were used as in the preceding case;—emollient injections being passed into the bladder, and the child put into an emollient and gelatinous bath, nearly cold, a few minutes after the operation. This child had scarcely any fever, and was cured on the nineteenth day.

REFLECTIONS.—It is difficult to carry the lateral operation of lithotomy to a greater degree of perfection than it has now reached, especially when the surgeon uses no other instrument than the bistoury, the action of which he can direct at pleasure. In this operation, two accidents are alone to be feared; but the surgeon thoroughly acquainted with anatomy, can readily avoid them. These are the wounding the rectum, and opening the pudica interna artery. The first is best avoided by emptying the intestine with clysters, or any other means, if it appear to be loaded with fæces; as to the artery, that can only be reached by carrying the edge of the knife transversely against the ascending branch of the ischium, which must even be cut before this vessel can be wounded; therefore the hæmorrhage from the transverse artery of the perinæum is alone to be dreaded in this operation, the division of which cannot be avoided in any case. This is easily remedied by the application of a ligature, which should always be made, whether the bleeding be much or little. It is by attending to this precaution, not mentioned by authors, that I owe the success of my operations; for death is often occasioned by hæmorrhage, or else from the plugging of the wound, which bleeding, when it supervenes, renders necessary, and which is generally followed by inflammation, or by infiltration of urine into the cellular tissue; whilst, on the contrary, the application of the ligature prevents hæmorrhage, renders all plugging of the wound unnecessary, and affords a facility for putting all those means in use which are proper to dissipate spasm and to prevent the occurrence of inflammation, or of urinary fistulæ. The most efficacious of these means are emollient and anodyne baths, of the temperature of 20 or 21 degrees of Reaumur—[77 or 79 of Fahrenheit.]

From the above-cited cases, it appears that tearing the mucous membrane of the bladder is not so dangerous as might have been conceived; for it is very evident, in the first case especially, that this membrane was torn to a great extent, since patches of it were found attached to the stone. I think, then, that the most important rule, after the operation of lithotomy, is to tie the divided vessels; a plan that should be followed in the course of these vessels, whether they are apparent or not. It is impossible that this precept can be too much diffused; for to it I attribute the constant success which has attended my operations of lithotomy; and if the public in general knew that this was as certain for its result as other surgical operations, they would not resort to mechanical means of cure; which, though more gentle and less dangerous in appearance, are rarely found to be so in practice.

In the two cases above-mentioned, what other method of operating could have answered? One of the surgeons (M. Souberbielle) wished that the high operation should have been performed in the case of King, but I rejected that plan, because I judged it to be impracticable, the bladder being retracted and adherent, in nearly the whole of its internal surface, to the asperities of the stone. It would, therefore, have been impossible to have passed the *sondadard* of Frère Come above the pubis, without running the risk of piercing the bladder at any other point rather than the proper one. For the same reason, how could the concave blades of the forceps of Civiale have been placed between the stone and the bladder, to embrace this stone, and to pulverise it with the trephine, without piercing or tearing the parietes of the bladder? Would this proceeding have been more applicable in the second case, in which the stone adhered to the fundus of the bladder? The same objections would have applied to the double instruments for lithotomy of the ancients, lately again introduced by M. Dupuytren. Finally, had King been operated upon by the method of Celsus, it may be easily seen that the blades of the instrument could not have been introduced between the bladder and the stone without wounding the parietes of the viscus, where they were attached to the rough portions of the stone. The two individuals men-

tioned above, were presented to the Royal Academy in November 1825.

BLEEDING IMMEDIATELY AFTER SEVERE INJURIES.

To the Editor of the London Medical Gazette.

SIR,

IN your Gazette of the 7th of June, I find an article headed "Fatal accident—Bleeding." From this I was induced to expect that you would favour the profession with your opinion upon the propriety of bleeding on the receipt of a severe injury; however, the report merely states, that a boy was run over, and taken to a surgeon, who with difficulty took six ounces of blood from him, and sent him to St. George's Hospital, where he died in ten minutes. Upon examination after death, the abdominal viscera were found to have sustained such serious injury, that no treatment could have been of the slightest service to the patient. Your reporter states, "that on taking off his clothes, all around observed with surprise that the arm was tied up as for bleeding." From this statement an extra professional reader might infer that the proper treatment of a case of this description was as clearly settled as that two and two make four; and that, consequently, the surgeon who bled this patient must be a complete ignoramus. But I believe many will agree with me in regretting, that the surgical art has not arrived at this state of perfection;—that many cases of recent injury are constantly happening, which require great practice and sound judgment to determine upon the propriety of bleeding;—that in suspended animation from severe injury, the attempt to lessen the quantity of the circulating fluids, and thereby enable the heart to act with more ease, so soon as its contractile power is restored, must be consonant with sound reasoning. I should certainly advise the blood to be taken away slowly, and the quantity to be regulated by the action of the heart. In head cases, we have all been taught that we are to bleed in pressure; but in cases of concussion, we are to wait for the increased action of the heart. But allowing this rule to regulate our practice, we shall find ourselves puzzled; for injuries of the head are generally of

a mixed nature, and partake of the symptoms of pressure and concussion, more especially in fractures of the basis of the cranium. The symptoms of dilated and contracted pupil, stertorous breathing, sickness, &c. &c. are not found in practice to hold their regular places in the train of symptoms as laid down by the lecturer. Cases very seldom occur in which the cleverest surgeon can say this is simple pressure without concussion. The cases of concussion without compression are daily occurring, and as frequently recovering without surgical aid. In all these injuries of the head, it was formerly the custom, and is now in many parts of the country, to bleed immediately on the receipt of the injury; and I am myself inclined to think that in most cases no harm at least has been the consequence, for these cases in general occur to the healthy and the young, in whom the loss of a few ounces of blood can do no harm, and may be of considerable service.

It is a common practice for huntsmen to "open a vein," in case of an accident in the field; and, I believe, experience in general warrants the treatment. I think we should be justified in making experiments upon animals, to determine this question: the fact would be easily ascertained by subjecting the heads of a few dogs to the same injury—and bleeding some, and leaving the others to nature. I am no advocate for inflicting pain and misery upon the brute creation, in forwarding hypothetical reasoning; but when any great service may be conferred upon man in the treatment of disease, I think we may with propriety have recourse to these experiments. I am far from wishing to recommend the practice to others, of bleeding in all cases immediately, upon the receipt of a very severe injury, when all symptoms of life are suspended, and the extremities are cold;—in the majority of these cases, no blood would flow if the attempt to procure it were made; and therefore the time may be better employed in using stimuli and applying warmth; but I doubt very much whether the practice is as detrimental as some would wish us to believe. I fear many cases of this severe description are lost for want of prompt and persevering assistance. I am led to think so from a case I recently saw.

I was sent for to see a boy, a few miles from this place, who had a loaded cart passed over his body. The messenger feared he was dead, but was particularly anxious I should see him. I rode as fast as possible, and when I arrived I thought the man's fears were realized. The boy was lying, like a log, upon a table; his extremities cold, and eyes closed; no pulse could be felt at the wrist, and very feebly, if at all, at the heart; his teeth were firmly clenched. A man assured me he had seen the wheel of a loaded cart pass over his body; that he gave a spasmodic jump from the ground, and fell; and never moved afterwards. I ordered a bed to be made hot as fast as possible: till that could be done, I put his feet into warm water, and forced some brandy, with an iron spoon, down his throat, stimulating his nostrils at the same time with hartshorn. As soon as he could be put to bed, I kept the warming-pan constantly moving over his thorax and abdomen; and I was shortly gratified by seeing symptoms of returning animation. I left him in the care of Mr. Adams, a practitioner of this place, who agreed with me in the treatment. He, in course, found it necessary to bleed and purge him freely, but notwithstanding the injury and the treatment, he was quite well and about in a week. The integuments of the loins bore very evident marks of the violence they had suffered, but the viscera escaped any serious injury. Had not symptoms of reanimation appeared when they did, I should have followed up the treatment with a large warm injection.

As my sole object is to prosecute an inquiry into the best mode of treatment, but more especially upon abstracting blood in cases of severe injury, should you think the foregoing worthy a place in your Journal, you are at perfect liberty to insert it, in the hope that other gentlemen may be induced to favour the profession with the result of their experience on this subject.

W. HILL.

Wotton-under-Edge, June 17, 1828.

INSOLUBILITY OF PILLS.

To the Editor of the London Medical Gazette.

SIR,

I AM persuaded there are few medical practitioners who ever reflect on the possibility that *pills* may sometimes pass through the whole course of the alimentary canal undissolved. I was led to indulge myself in this persuasion, from the fact of a very respectable patient having informed me, that while he was taking the Pil. Hydr. Subm. Comp., he found them in his motions in a solid state, just as he had taken them. Now, on referring to the formulas in the last and the present pharmacopœias, I found this difference in the two compositions, namely—in the *former* pharmacopœia, the composition was directed to be made into a mass of a proper consistence with *Bals. Copaiv.*; in the *latter*, with *Spt. Vini*. Whether this alteration was made by the direction of the college, in consequence of the crumbly state of the former composition, and the great difficulty of forming it into pills, I know not; but the consequence of making the articles into a mass with spirit of wine instead of bals. copaiv. is this: that whereas, in the *former* case, the mass could scarcely be made to hold together; in the *latter*, it is so adhesive and hard as to occasion the inconvenience above-mentioned. The spirit *partly* dissolves the guaiacum, which is a gum-resin; these, together, form a soft and very adhesive mass. Into this mass the other articles are, by beating, completely incorporated; and the composition, after a short time, becomes so adhesive and hard, that the stomach can have no more effect upon it than upon a piece of pure unbroken resin itself.

I felt disposed to call the attention of your readers to this circumstance, as a matter of no trifling importance in practice; and I would beg leave to suggest, whether it would not be a better plan to give the articles which compose the Pil. Hydrarg. Submur. in the state of *powder*, mixed with a proper vehicle?

I am, Sir,

Yours, &c.

AN OLD PRACTITIONER.

London, June 9th, 1828.

ANSWER TO QUERIES CONCERNING THE FIFTH PAIR OF NERVES.

To the Editor of the London Medical Gazette.

SIR,

PERHAPS you will oblige me by inserting the following remarks, as an answer to the inquiries of a correspondent respecting the anatomy and physiology of the fifth pair of nerves.

The fifth nerve detaches itself from the pons varolii in two portions; a small anterior and outer, a large posterior and inner fasciculus. The latter alone passes through the ganglion of Gasser, below which, and distinct from it, the former passes*. These two portions may be traced through the cross fibres of the pons to an origin at the lower and back part of the medulla oblongata, close upon the origin of the seventh nerve†.

The muscles of the face are of two classes:—1. Delicate and pale fasciculi distributed to the eyes, nostrils, mouth, and ears. 2. Thick and strong masses of flesh, the temporal, the pterygoid, and masseter muscles, which raise the lower jaw, and carry it forward, or laterally. Each of these classes of muscles receives branches from the ganglionic portion of the fifth; upon the division of which, *they, in common with the adjacent integument, lose sensation, and sensation only*; the power of motion remaining.

The muscles of the first class receive a second set of nervous filaments from the hard portion of the seventh; those of the second class, receive a second set of filaments from the small portion of the fifth, which passes below the ganglion of Gasser. These nerves are *nerves of motion*, as the following experiments shew. On dividing the seventh nerve, and the ganglionless part of the fifth, the muscles of the face in the first instance, and of the jaws in the second, are paralyzed; and on pinching these nerves with forceps, in animals, immediately after death, the muscles above adverted to are suddenly convulsed. The clear, though complicated evidence, by which these facts are established, may be found in the outlines of physiology, in the course of dissections, and

* Soemmering's Anatomy.

† Mayo's Plates of the Brain.

in the Anatomical and Physiological Commentaries published by Mr. Mayo; to whom belongs whatever merit there may be in having proved that the *distribution of the nerves of the face is physiologically as simple as that of the spinal nerves; one twig imparting motion, a second imparting sense, to the same muscle.*

Your correspondent, with an acuteness which shews that he has directed his attention to every bearing of this subject, inquires whether the fifth sends nerves to *all, or any muscles of the eye?* I have never seen (nor any one else, I believe,) a single filament so distributed. It follows, that, *if the muscles of the eye have the same sensation as other muscles,* they must receive that endowment through the same channel by which they receive the stimulus of the will—*through the same nerve, at least, if not through the same filaments of that nerve.* The third, the fourth, the sixth—the voluntary nerves of the eye—are the only nerves distributed to its muscles.

I remain, Sir,

Your obedient servant,

PHILALETHES.

ANALYSES & NOTICES OF BOOKS.

“L'Auteur se tue à alonger ce que le lecteur se tue à abrégé.”—D'ALEMBERT.

Elements of the Theory and Practice of Physic, designed for the Use of Students. By GEORGE GREGORY, M.D. Third Edition, with numerous additions and amendments. London: Burgess and Hill. 1828.

It is singular that so scanty a provision has hitherto been afforded to the students of medicine, for the supply of the pressing and daily wants which all must experience when, having passed through the preliminary ground, they enter the extensive field of the practice of physic. After having made some progress in this new region, the most varied and copious information is, indeed, poured upon us on all sides, and we are even embarrassed by the difficulty of selection; but few and uninviting are the guides who welcome and conduct the youthful wanderer in those

early moments of doubt and difficulty when encouragement is so necessary, and when information is so eagerly desired. Not a few of the writers who profess to initiate us into practical medicine bear a strong fraternal likeness to the complaisant Ciceroni, who entrap the unsuspecting stranger at the gate of a palace, or in the anti-room of a gallery; and who repeat, during half a century, to the inexpressible fatigue and frequent delusion of their auditory, precisely the same explanations which were bequeathed by their predecessor, and sometimes contrive ingeniously to omit or to mutilate the most important details.

The number of good elementary works on that department of our science, which is the consummation of all the accessory studies, is remarkably small in comparison with the abundance of Manuals which deliver the principles of its other branches. Occasionally an eminent individual has comprised in a moderate compass the knowledge of his age: these labours become rapidly insufficient, and require to be renewed; but the task has been rarely well executed. The greater part of the works on this subject which are used in the medical schools of Europe, are totally unsuitable to the means and necessities of the pupil: some are voluminous and expensive, others are superannuated; some are so highly refined and generalized, as to lose the minute and characteristic features of individual diseases; while others are meagre in the extreme, and reduce pathology and therapeutics to such narrow dimensions, that their appropriate form vanishes into a skeleton.

These remarks are certainly not applicable to the present work, which forms an exception to the complaints which are justly directed against the ordinary race of *Introductions*. Although it rises considerably above the standard of a compilation, the author is never anxious to obtrude himself, nor his peculiar views; he is purely an *eclectic* writer, and appears only solicitous to exhibit in a clear light, and under a simple garb, the most important facts and principles of practical medicine. The reader is not compelled to wade through a conflicting group of opinions, but the general principles of treatment follow a summary pathology, and the varieties of practice find a place

at the close of each topic, where they do not distract the novice.

A high compliment has been paid to this work, in a quarter which cannot be suspected of partiality. Dr. Potter, Professor in the University of Maryland, and Dr. Colborn, another Physician of the United States, have jointly, and with great care, republished it at Philadelphia. The terms in which they characterize it are peculiarly creditable to their own liberality and to the author: "It is only to those who are well versed in practical lore that it will bear *prima facie* evidence of its own superior excellence. If we were inclined to adopt a text-book as a guide to a practical course, Gregory's Practice would claim a preference to all other works. The scheme has been executed with so much felicity, in so small a compass, that it becomes a real treasure to both preceptor and pupil."

The present edition is more valuable than the preceding ones, since, in addition to a general and diligent revisal, it comprehends various maladies which had been previously omitted—such as Delirium Tremens, Paralysis Agitans, Cachexia Africana, Hepatalgia, Erythema Nodosum, &c.

We shall present our readers with two brief articles, which are peculiar to the present edition—Hepatalgia and Cachexia Africana.

"Hepatalgia.

"There is a chronic complaint, characterized by severe pain in the side, which may be alluded to in this place. It is peculiar to females from the 15th up to the 30th year of life. It is extremely tedious and difficult of cure, recurring often with unconquerable obstinacy for a series of years, until some change in the constitution has brought with it a natural cure. From its leading symptom, it received from Sauvages the appropriate name of *hepatalgia*; but as the seat of pain is often on the left side of the body, that of *laterodynia* is perhaps more applicable. Of its intimate nature little or nothing is known with certainty. That it is not of an inflammatory character may be inferred from its duration, from the absence of constitutional excitement, and from the small benefit which blood-letting affords. Some pathologists consider the affection as of a rheumatic kind. I have sometimes been inclined to view it as de-

pending in some degree upon a distended state of the gall-bladder. To this opinion I am led, first, by the circumstance of its occurring frequently in young women of sedentary occupations or of inactive habits; secondly, from its being sometimes accompanied with a waxy or sallow expression of countenance, analogous to that which occurs in jaundice; and, thirdly, from the benefit afforded by such medicines as excite the torpid action of the liver and its ducts.

"I am well aware, however, that it is also a frequent complaint with young women who have over-exerted themselves, and that the left-side is perhaps as often the seat of pain as the right. It will, therefore, be more consonant with sound pathology, to consider this affection as depending upon a congested state of the vessels of the liver, spleen, and neighbouring parts. It is sometimes accompanied with hæmatemesis, and other marks of irregular distribution of blood.

"This complaint, though very distressing, is not dangerous. When the pain is very urgent, relief is obtained by the application of leeches to the side, of cupping glasses, and of blisters; occasionally it is necessary to take ten ounces of blood from the arm. Active aperients, [particular formulæ are here referred to] should be given, so as to produce a free action on the bowels, which is afterwards to be kept up by the daily use of some bitter aperient, [formulæ are referred to.] Electricity would probably be useful in some of these cases. Certainly much benefit is derived from regular exercise, either on foot or on horseback; and change of climate has proved in many instances efficacious, not merely in the relief, but even in the permanent cure of the complaint."

"Cachexia Africana.

"This term has been appropriated to a very singular disease of negroes, met with in the West Indies, but more especially in the island of Trinidad. It is there called *mal d'estomac*, from one of its most remarkable features, an oppressive weakness of the stomach. The other phænomena of the disease, pointing out its truly cachectic character, may be thus described.

"After various attacks of intermit-

tent or remittent fever, of dysentery, or pneumonia, by which the health of the individual is manifestly impaired, he becomes pale and squalid, and unable to take exercise. The feet and legs swell, especially towards evening: there is palpitation, and occasional vomiting. As the complaint advances, these symptoms increase in severity. The stomach rejects all kinds of food and medicine: the most moderate exercise, especially in ascents, occasions a sense of urgent suffocation and even syncope. On one remarkable occasion, witnessed and described by Dr. Ferguson, when the Royal West India Rangers, after a long residence in Trinidad, were marching along the level parade of St. Ann's, Barbadoes, the men dropt and fell out of the ranks by dozens, as if under a murderous fire of musketry. Their quivering, bloodless lips, ghastly looks, and hurried convulsive breathing, presented a striking image of the mortally wounded. By degrees the cellular membrane becomes everywhere distended with serum, and a peculiar white adipose substance may be observed in its cells, through the distended and almost translucent integuments. Its presence gives to the face and whole body that whitish colour, which is the common pathognomonic symptom of the complaint.

"On dissection, this white matter is seen deposited in the cells of the cellular membrane; serum is accumulated in the ventricles of the brain, and in the serous cavities of the thorax and abdomen; but the most peculiar appearance is a diminution, or, rather, an abolition, of the muscular substance of the heart. The heart, often enlarged and overloaded with fat, when taken in the hand, yields to the slightest pressure, and its ventricles, like membranous sacs, are easily pressed together.

"Dr. McCabe, to whose Treatise* I am indebted for this description of the complaint, attributes it to the frequent changes of temperature, and the extreme moisture of the air, which distinguish the climate of Trinidad. To these sources of the disease must be added frequent intemperance. Dr. Ferguson ascribes it to the gradual action of a malaria on the human constitution. It is very common on the swampy banks of the great rivers of Guiana, and in

the marshy districts of Trinidad at some distance from the sea coast. The soldiers of the black regiments stationed in Trinidad are its principal victims.

"The proximate cause of this disease is doubtless a cachectic state of the blood. Imperfectly formed, and wanting its natural proportion of red globules, it communicates neither energy nor density to the muscular fibre. The treatment must, of course, consist in change of climate, and in the exhibition of nourishing food and tonic medicines."

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society. Vol. XIV. Parts 1 & 2.

Observations on the Nature and Treatment of Erysipelas, illustrated by Cases. By W. LAWRENCE, Surgeon to St. Bartholomew's Hospital.

MR. LAWRENCE begins by remarking on the difference of opinion which exists among medical men, both with regard to the pathology and treatment of erysipelas; and, in brief, the object of the paper is to prove the nature of the disease to be inflammatory, and its proper treatment to consist in antiphlogistic means, including blood-letting, both local and general. By the term erysipelas, the author understands "inflammation of the skin, either alone or in conjunction with that of the subjacent adipous and cellular tissue." When the surface of the skin is affected, becoming red, without sensible tumefaction, and without vesication, it receives the name of *erythema*; when effusion into the subjacent cellular substance takes place, and vesication appears on the surface, it is called *simple erysipelas*; while the term *phlegmonous erysipelas* is given to that form in which the inflammation runs so high as to produce suppuration and mortification of the cellular substance.

Description of the Affection.—In *simple erysipelas* the skin is red and shining. In the early stage, it frequently assumes that rosy tint which has given rise to the appellation of the *rose*, bestowed upon this disease in various countries. At other times, the colour is a bright scarlet; and in some cases it is of a deep and livid hue. Erysipelas is rarely confined to the skin, effusion, for the most part, speedily occurring into the cellular texture. The part is hot and painful; at first

* Dissertatio Medica Inauguralis de Sanitate et Vi Animi inter Tropicos. Edin. 1819.

only a stinging or itching is felt; but as the disease advances, this becomes a burning sensation, and the pain, on pressure, is acute. This form of the disease frequently ends in resolution, and then the skin generally desquamates. A very common occurrence is the formation of vesicles, or bullæ, on the inflamed surface, from a yellowish effusion beneath the cuticle, just as we see from the application of a blister. Sometimes the effusion consists of thin pus, and at others of bloody serum, and these are called phlyctænæ. After a time, the cuticle cracks, the fluid exudes, and incrustations form, which, dropping off, generally leave the skin sound. Sometimes, though very seldom, erysipelas produces gangrene: if confined to the skin, it does not give rise to suppuration. This inflammation generally attacks a considerable extent of surface, and its boundary is marked by a defined line; it spreads quickly, disappearing on one side, as it extends on the other; so that the whole face and head, or an entire limb, or the trunk, may be successively affected. Thus we have the various stages of the disease co-existent, the portion last attacked being red and swollen; another portion may have run on to vesication, and a third may be desquamating. Sometimes, instead of thus travelling on progressively, it entirely leaves one part and suddenly appears at a distant point. The neighbouring absorbent glands are frequently inflamed, and red streaks may be seen leading towards them.

These local manifestations of the disease are preceded and accompanied by fever, which varies in character, according to the constitutional condition of the patient. In a severe attack, it is not uncommon to have shivering, followed by heat of skin, headache, foul tongue, and irritability of stomach; "and the general disturbance is of a decidedly inflammatory character, in the young, strong, and those of full habit." Blood drawn at this time, exhibits the appearances indicative of inflammatory disease.

Frequently, and more especially in erysipelas of the head, the symptoms are of the kind called nervous: for example, headache, delirium, and tendency to coma. The pulse is frequent and feeble; there is great depression of the muscular strength, and the tongue becomes brown and dry;—which state

of that organ the author attributes principally to the patient breathing entirely through the mouth.

In another class of cases, the nervous system is less affected; but there is pain at the pit of the stomach, with foul tongue, nausea, and constipation.

The appearances which are so conspicuous during life, fade, or are entirely lost, after death: the redness of the skin, for example, disappears as soon as the circulation stops. The cuticle, if not already separated from the cutis, soon loses its adhesion, and the skin, which is of a reddish brown tint, is softer in its texture than natural, and appears loaded with serum. The cellular substance is also filled with serous effusion, and its vessels, as well as those of the skin itself, are distended. "Sometimes we unexpectedly discover suppuration, where the case has appeared during life to be simple erysipelas, and no symptoms indicating formation of matter have been noticed."

Phlegmonous erysipelas differs from the variety above described only in the inflammation extending deeper, and being more intense; so that the cellular and adipous textures are involved—the former being affected with suppuration and sloughing; which last process becomes secondarily extended to the skin. All the symptoms, general as well as local, are more severe than in simple erysipelas. Rigors, followed by fever, and accompanied by disorder of the chylopoietic viscera, precede the external inflammation, which either at once or gradually assumes a serious character. The colour of the skin is deep, often, indeed, with a brownish or livid hue; and the shades, being unequal, give the surface a marbled appearance. The swelling also is so great, that an arm, or leg, affected with this form of erysipelas, may appear twice its natural size, and the part, which at first yields a little to pressure with the finger, soon becomes tense and firm. Elevations of the cuticle sometimes form, which are generally minute, and contain pus; frequently, however, the skin does not vesicate. When suppuration and sloughing of the subjacent cellular membrane supervene, the skin becomes livid with phlyctænæ, and the constitutional symptoms are aggravated. These changes, however, are not, as in phlegmon, attended with *pointing*; so far otherwise, that there is rather a diminution of ten-

sion. The effusion contained in the cellular texture is at first like whey, and the author has sometimes seen it in the eyelids, "almost of milky whiteness;"—but this fluid gradually becomes purulent, sometimes passing into very thick, good pus. These effusions are not bounded, and a mixture of pus and serum often fills a considerable portion of the circumjacent cellular tissues. In other instances, matter is deposited in small detached portions, forming little irregular abscesses; and, as already mentioned, such collections are sometimes found where they have not been indicated by the symptoms. The cellular texture, during this process, becomes grey, or yellowish, and looks like a dirty spongy substance; till, losing its vitality altogether, it is converted into irregular shreds, soaked in pus. The integuments over a part undergoing this process, often become livid, and then slough. This, however, is not apt to occur in the head, for the reasons pointed out by M. Dupuytren, to whom Mr. Lawrence refers (see also No. 11 of the Gazette)—namely, because the cellular texture between the occipito-frontalis aponeurosis and the pericranium, is the seat of the disease; and the sloughing of that texture does not affect the nutrient vessels of the scalp. In the extremities, large portions of the skin sometimes become detached; at other times the inflammation dips down into the subjacent parts, affecting the muscles and tendons; nor do the joints, under such circumstances, escape—inflammation of the synovial membrane, effusion of matter into the cavity, and even ulceration of the cartilages, supervening. These symptoms are, of course, attended with corresponding constitutional disturbance, manifesting itself in the form of typhoid fever, and derangement of the nervous system; or inflammation of various internal parts, such as the lungs, pleura, peritoneum, or mucous lining of the bowels. Cases in which the disease assumes these formidable characters generally prove speedily fatal; and where they do not, the parts which have been the seats of inflammation become changed in such a manner as to interfere with their functions: "skin, fascia, muscles, tendons, and bones, are so unnaturally agglutinated and fixed, after extensive destruction of the connecting cellular texture, that the motions of the

part are permanently and seriously impaired."

Phlegmonous spreads like simple erysipelas; and we therefore have the different stages simultaneously present in the same individual.

Seat and Nature of the Affection and Diagnosis.—With regard to the precise seat of the disease, Mr. Lawrence informs us, that he is at issue with Mr. C. Hutchison, Mr. Earle, and Mr. Arnott, who have severally written upon the subject at no distant period. The first of these makes "the aponeurosis of the muscles" the principal locality of phlegmonous erysipelas; and the second speaks of the disease exerting its principal influence on the "subcutaneous tissue and fasciæ." But in stating that Mr. Arnott "calls traumatic erysipelas, inflammation of the skin, cellular substance, and fascia, from local inquiry," our author is incorrect; that gentleman's expression being, that "what is called traumatic erysipelas" is inflammation of one or other of these textures. Mr. Lawrence, on the other hand, thinks that the aponeurotic expansions and fascia only become secondarily affected from the extension of the disease occurring in severe cases; arguing, that when the disease attacks the scalp the suppuration and sloughing do not take place in the aponeurosis of the occipito-frontalis muscle, but in the cellular texture beneath it: that another frequent seat of suppuration is the cellular substance of the eye-lids (completely free from fat); and that in the scrotum and penis, the cellular, not the aponeurotic, structure, is manifestly the seat of inflammation.

Mr. Lawrence's views with regard to the nature of erysipelas are thus expressed:—

"A consideration of the origin, development, and effects, of erysipelas, of all its phenomena, whether local or general, leads us irresistibly to the conclusion that the nature of the affection is inflammatory. In its four leading characters of redness, swelling, heat, and pain, and in its effects of effusion, suppuration, and sloughing, it agrees with what is called common or phlegmonous inflammation; while the general disturbance, preceding and accompanying the local affection, is often exactly alike in the two cases. Erysipelas, then, is merely a particular modification of cutaneous, or cutaneous and cellular inflammation.

If we were to class these according to their natural affinities, we should place erysipelas between the exanthemata and phlegmon. It is less diffused than the former, not so circumscribed as the latter. The exanthemata are confined to the skin; erysipelas affects both skin and cellular structure; while phlegmon has its original seat in the latter, the skin being secondarily involved."

But the difference between these diseases is not merely to be found in the severity of the morbid action, or in its seat; "there is also a difference in kind." The most important distinction is, that phlegmon is confined to one spot, while erysipelas is diffused: a distinction which is apparently dependent upon the adhesive character of the inflammation in the former, lymph being poured out so as to form a boundary; whereas this is entirely wanting in the latter, the effused fluid being serous. These phenomena are adverted to as pointing out that there is a difference, not as explaining it. In admitting that erysipelas is a "peculiar modification" of inflammation of the skin, the author by no means allows it to amount to "a distinct species," or as capable of affecting various parts of the body as well as the skin; and here his opinions approximate very closely to those of Mr. Arnott, who asserts that the affection is limited to the skin. This gentleman, however, goes farther than Mr. Lawrence, and proposes that the term erysipelas should be confined to the idiopathic affection of the face, which he regards as a febrile disease, analogous to the exanthemata.

One of the distinctions between phlegmon and erysipelas, which has been frequently adverted to, is an alleged disposition to debility in the latter. On this point our author observes—

"I am quite at a loss to discover in this affection those marks of debility which some have so much insisted on. Erysipelas, like any other inflammation, may occur in old and feeble persons, and the effects of the disease, when aggravated by injudicious treatment, or protracted from any cause, will soon weaken the most robust; but however weak the patient, the local disturbance is one of excitement; there is increased activity in the circulation of the part, clearly marked by all the symptoms. Indeed, speaking of the part, I am unable to recognize debility as the cause

of any inflammation whatever, and in reference to the seat of disease, I regard the expressions of passive and asthenic inflammation, and venous congestion, as either unmeaning, or calculated to convey erroneous notions."

Nosological Arrangement.—Mr. Lawrence enters into some critical observations on the nosological liberties which have been taken with this disease, but we shall pass on to the divisions adopted by the author himself, which are as follow:—

"1. ERYSIPELAS SIMPLEX; superficial spreading inflammation of the skin, with bright scarlet or rosy redness, and soft tumefaction of the part, generally with vesications and fever.

"Synonyma.—*True or genuine erysipelas.*—*E. exanthematicum*, or *verum* (Rust, on erysipelas of the face).

"Varieties.—*Acutum*, *chronicum*; *periodicum*, *habituale*; *perstans* or *fixum*; *ambulans* or *erraticum*; *saltans* or *volaticum* (disappearing from its original seat, and re-appearing in a distant part); *miliare*, *vesiculosum*, *bullosum*, *phlyctenodes*; *idiopathicum*, *traumaticum*, *sympatheticum*, or *symptomaticum*, *biliosum*, *gastricum*.

"2. E. ŒDEMATODES; the swollen part dark red, and pitting on pressure.

"3. E. PHLEGMONOSUM; acute inflammation of the skin and cellular texture, with firm, general, and deep red swelling of the affected part, ending quickly in suppuration and sloughing.

"Synonyma.—*Diffuse cellular inflammation* (Earle). *Inflammation of the cellular texture* (Arnott). *Diffuse phlegmon* (Baron Dupuytren). *E. spurium* or *pseudo-erysipelas* (Rust). *Phlegmon erysipelatosus*."

Causes.—Mr. Lawrence denies that there is any difference between the causes of this and other inflammations: that is to say, habitual excitement of the vascular system, intemperance, and so forth, lay the foundation of inflammation in general; and it depends on "individual peculiarity, or on local causes, whether the skin or other parts shall be the seat of the disease." When the disease is produced by internal causes, depending on the previous existence of disease in some organ, we are told that it is called *sympathetic* or *symptomatic*; and that where it is excited by external causes, acting directly upon the part, it is called *idiopathic*. We would observe that Mr. Lawrence may

be right in this application of these terms; but the fact is, that they are generally reversed in this country, and that by idiopathic erysipelas we mean that from some internal cause, or, at least, some one which is not obvious; and by symptomatic erysipelas, that from a wound, or other manifest cause. The author enumerates the principal exciting causes of the disease; which, however, are too well known for us to quote: we observe, that he dwells at some length, and expresses himself strongly, on the inattention to diet, or the intentional allowance of too stimulating a regimen, "under the absurd fear of debility."

Simple erysipelas, especially those cases which have been called genuine or exanthematous, are usually sympathetic; (we use the word in the sense of our author) and the erysipelas of the face may, he thinks, be sometimes traced to contagion. Phlegmonous erysipelas, again, is more commonly idiopathic, arising from various kinds of injury.

Treatment of Simple Erysipelas.—

In this, as in other diseases, the treatment recommended will depend upon the pathological views which we adopt. According to Mr. Lawrence, this affection resembles other inflammations too closely to admit of any difference in the principles of its cure. Blood-letting, both local and general; purging; saline and diaphoretic medicines, and low diet, come first in the list of remedies. The earlier these are employed the better; and a vigorous adoption of them in the beginning will often cut short the disease. The extent to which these measures are to be carried must depend upon circumstances, but the indiscriminate use of active depletion is by no means urged; on the contrary, we are told, that in many cases the disease passes through a certain course, and ends spontaneously; and in these it is only necessary to open the bowels, give some diaphoretic, and confine the patient to low diet.

In the young, robust, and plethoric, Mr. Lawrence advises full and repeated blood-letting; but in elderly persons, in the advanced stages of the disease, and where the strength is broken down, an opposite treatment is enjoined; viz. bark, wine, and ammonia, especially this last.

"The interval between these extremes is filled by numerous gradations,

requiring corresponding modifications of treatment. The antiphlogistic plan itself embraces a wide range in point of degree; from blood-letting, local and general, with purging, vomiting, the free use of mercury and antimony, and low diet, to the exhibition of a mild aperient, with some saline medicine. The treatment of erysipelas, like that of any other inflammation, must be modified according to the age, constitution, previous health and habits of the patient, and the period of the complaint. In asserting generally that the antiphlogistic treatment is proper, I speak of the beginning of the disease, when the original and proper character of the affection is apparent;—and I am decidedly of opinion that, in some shape or degree, such treatment will always be beneficial in that stage. In many instances active antiphlogistic measures are of the greatest service in lessening the severity both of the local and general symptoms. In others the administration of calomel with aperients, and of diaphoretics with low diet, will be sufficient. When the affection occurs in old and debilitated subjects, the powers of life are soon seriously impaired, and our efforts must be directed rather towards supporting them, than combating the local affection. I have often seen such patients labouring under erysipelas of the face in its advanced stage, with rapid and feeble pulse, dry and brown tongue, recovered, under circumstances apparently desperate, by the free use of bark and wine."

In speaking of local bleeding, the author remarks, that although leeches when applied to the healthy skin will sometimes give rise to an effect "analogous to erysipelas," yet they have no such influence on the inflamed surface; but that in order to do any good they must be applied in large numbers. Our readers will find some cases which tend to confirm these statements at page 87 of our last Number. Our author next enters into a lengthened account of the authorities for and against the antiphlogistic treatment, particularly blood-letting, in erysipelas. Among the advocates for it we find Sydenham, Cullen, Richter, Vogel, the Franks, Dr. Duncan, jun. and various French writers; against it, we have Dr. Fordyce, Dr. Wells, Dr. Willan, Dr. Bateman, and Mr. J. Pearson. Dr. Carmichael Smith objects to venesection, but approves of gentle evacnants.

After the use of evacuations, the tongue continuing white, and the local affection persisting, our author strongly recommends calomel, either alone or combined with James's powder. The inflammation being arrested by these various means, the natural restorative powers of the system are generally sufficient to complete the recovery without the assistance of "strengthening" remedies; of these, however, ammonia is the least hurtful.

But little importance is attached to local applications, except in as much as they relieve the patient's feelings. Before the inflammation is fully developed, cold lotions are agreeable; but after this period, warm fomentations are more soothing. To derive the full benefit from these they ought to be used for some hours, and a bread-and-water poultice applied in the intervals. With regard to blistering the inflamed part, at present so much in vogue in France, Mr. Lawrence states that he has tried it three or four times: the inflammation stopped in three instances, but as other remedies were simultaneously prescribed, it is of course impossible to decide what share they had in producing this effect. Allusion is made to a practice, to which indeed it is unnecessary to do more than allude—that of rolling the whole limb in rather a tight bandage. The few trials made in this country have not corresponded in their results with those which have occurred in France. There, indeed, the practice is said to have been uniformly successful; a very conspicuous recommendation to unprejudiced ears.

Treatment of Phlegmonous Erysipelas.—As this differs, in the pathology of our author, from the simple form of the disease, only in its extent or intensity, so the treatment enjoined is nothing different in nature, but is to be employed with correspondingly greater vigour and perseverance. The patient is to be bled, and numerous leeches applied to the inflamed part; the bleeding from the bites is to be encouraged by warm fomentations, and cold applications are afterwards to be employed. The bowels are to be evacuated; calomel and antimony freely administered; and a rigid antiphlogistic regimen, in all its departments, enforced. Local is said to be more efficacious than general blood-letting; and this last is therefore to be reserved for those in whom the symp-

toms run high, and who are young and robust. If by these means the disease be not arrested in the beginning, or if it be already fully established before we see the patient, direct depletion is of little avail in checking its progress. Indeed, our author looks upon venesection at any time as calculated to mitigate the general symptoms of fever rather than the local inflammation.

We have now to call the attention of our readers to the part of this paper in which the treatment recommended, lately excited so much discussion: and here, too, we shall let him (Mr. Lawrence) speak for himself.

"The most powerful means of arresting the complaint, is by making incisions through the inflamed skin and subjacent adipous and cellular textures, which are the seat of disease. These incisions are followed very quickly, and sometimes almost instantaneously, by relief and cessation of the pain and tension (Cases 24. 28. 30, 31.); and this alleviation of the local suffering is accompanied by a corresponding interruption of the inflammation, whether it be in the stage of effusion (Cases 21, 22, 23, 24. 26. 28. 30, 31.), or in the more advanced period of suppuration and sloughing (Cases 20. 22. 25. 27. 29.) The redness of the skin is visibly diminished during the flow of blood from the incisions; in twenty-four hours it has usually disappeared, and the skin itself is found wrinkled, from the diminution of the general inflammatory tension. The immediate relief, although very desirable to the patient, is however of less consequence than the decided influence of the practice in preventing the further progress of the disorder; and this important result has never failed to occur, within my experience, when the case has been a proper one for the practice, and the state of the patient has admitted of its being fairly tried. The cases already referred to furnish the clearest evidence on these points.

"The treatment by incisions is suited to various stages of the complaint; but it is employed to greatest advantage at the beginning, since it prevents the further extension of inflammation, and the occurrence of suppuration and sloughing (Cases 30, 31. 24. 26. 28.). The redness and swelling gradually subside; the surface of the cut granulates, and it heals rapidly. At a more advanced period, the incisions limit the extent of

suppuration and gangrene; and at a still later time, they afford the readiest outlet for matter and sloughs, and facilitate the commencement and progress of granulation and cicatrization. When the matter has been fully discharged, and the sloughs, whether of the skin or cellular membrane, have separated, a healthy granulating surface is left, and no great difficulty is experienced in effecting cicatrization, unless the destruction of the skin should have been very extensive, when the cicatrix forms slowly, and is liable to give way again.

“To preclude the possibility of misconception on a practical point of so much importance, I beg to observe that I do not advise incisions in erysipelas generally, but confine their employment to cases of the phlegmonous kind.”

When the erysipelas attacks the face, the subcutaneous textures are not so much inflamed as to require incisions, unless the cellular substance about the eye-lids proceeds to suppurate, in which case incisions may be used. When the inflammation extends to the scalp, incisions are frequently required.

After the incisions have been made, the part is to be covered with warm fomenting cloths, until the bleeding has ceased, when a warm poultice is to be applied. If the wound does not speedily afford a discharge, it is to be dressed, under the poultice, with lint, spread with yellow basilicon ointment. The relief afforded by this operation is attributed by Mr. Lawrence partly to the local bleeding, and partly to the removal of tension which it affects. “We observe, indeed, that the edges of the wound usually gape asunder, and that the surrounding skin not only loses its deep red colour but soon becomes wrinkled on its surface.” As the bleeding gives much relief, it need not be checked, so long as the pulse is unaffected; but the great extent to which the hæmorrhage may proceed, renders it necessary to act “very cautiously” in elderly persons, or those whose strength is already much reduced. The methods recommended to arrest it when necessary, are, tying any bleeding vessels; placing the limb in an elevated position; and pressure. The incisions, we ought to observe, should divide the skin and cellular textures down to the fascia, but without penetrating the latter. A double-edged bistoury is the instrument recommended.

The paper of which we have thus

given an account is extremely elaborate, and occupies, with the cases, no less than 205 pages.

On the Treatment of Erysipelas by numerous Punctures in the Affected Part. By R. DOBSON, M.D. &c. &c.

Dr. Dobson, in a letter to Mr. Lawrence, describes a method of treating erysipelas which he has adopted for more than twelve years, and in several hundred cases. It consists in making punctures with the point of a lancet, in number from ten to fifty, and in depth from two to four-tenths of an inch. These punctures are repeated “mostly twice a-day; and often, in bad cases, three or four times in the twenty-four hours.” A quantity of blood and serum exude. The punctures “mostly heal in a few hours, and never entail any material marks;” they are practised early in the disease, and in all parts of the body—scalp, face, trunk, and extremities.

Case of Erysipelas, with some Remarks. By A. C. HUTCHISON, Esq. F.R.S. L. & E. &c. &c.

This communication consists in the detail of a case of erysipelas in which Mr. Hutchison adopted his practice of short incisions. A gentleman, aged 52, of spare frame, sedentary occupation, and temperate habits, received a slight abrasion over the tibia. Erysipelas came on; for which bark and wine were given internally, and leeches and fomentations applied to the part. Mr. Hutchison saw him two days afterwards, and approved of these measures, increasing the stimulants, and adding an evaporating lotion to the external remedies. Next day a mortified patch, as large as a dollar, had made its appearance on the outside of the leg. Six or seven incisions were now made, each about an inch in length, in different parts, where the inflammation was most intense. In a few hours the sphacelus was arrested. A day or two after another spot was disposed to become gangrenous, when one cut, an inch and a half in length, “instantly” stopped its progress.

Mr. Hutchison “loudly” protests against the long incisions of Mr. Lawrence; and calls upon Mr. Samuel Cooper, with his accustomed “candour and urbanity,” to retract the opinions expressed in his surgical dictionary upon the subject of shorter cuts, recommended by himself.

MEDICAL GAZETTE.

Saturday, June 28, 1828.

“*Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*”—CICERO.

HOSPITAL REPORTING.

IN our Number of May 10th we made some remarks on the character of the Hospital Reports which have been published in this country during the last few years—which remarks, as we expected, have proved extremely unpalatable to the *Lancet*. The Editor of that Journal, finding that his design of leaving us to sink without retarding our untimely dissolution “by any notice,” is not likely to prove altogether successful, has, with his usual consistency, adopted an opposite course; and, indeed, his better feelings have so far overcome his original decree, that he has been unable to resist bestowing upon us a little fostering “notice” in almost every number since he announced his determination to do otherwise.

On the subject of hospital reporting, however, an extraordinary effort was made; and after a month’s preparation an answer has been published, to which we should not have replied but for the purpose of pointing out the impudence of its misrepresentations.

In our article alluded to we described the manner in which hospital reports had been too often “got up,” stating that their object had not really been to instruct the profession, because a true record of facts would have accomplished this end; whereas, all the world knows that these have been grossly misrepresented, and that instead of a faithful detail of cases, in which good practice and successful results might have served as examples for imitation, and the reverse as warnings of what we were to shun, we have had one set of men held up as infallible—always doing precisely what was right—and another set as always committing the most

palpable and disgraceful blunders; the former being invariably those who supported the *Lancet*, the latter those who condemned it. Is there in human nature a degree of stupidity so great as not to see that the malignant and unrelenting persecution of Mr. Travers arose from that gentleman having had the Editor of the *Lancet* excluded from St. Thomas’s Hospital? This is but one—a strong one certainly—among the numerous instances where men have been singled out for a succession of attacks, in which science has had no share, and which no hypocrisy can pretend to have arisen from any public motive. Once more, then, we denounce that system which sacrifices reputation and skill “to the determination of making a selling paper;” which does not content itself with telling the truth, but dramatises a spectacle to attract attention; and endeavours to excite the sympathy of the unprofessional public by tales of horror. If even-handed justice had been dealt to all alike—though we might have marvelled at the taste of the man who chose to gain his bread by such a trade, and questioned his judgment in presenting such scenes to the public gaze—still we should have looked upon him as a well-meaning, though coarse and ignorant, recorder of events; but when we find that this is not the case—that one or two men are selected, who by no accident ever do wrong, while the majority never do right,—then we plainly see that

“It is a purposed thing, and grows by plot.”

Such was the general tenor of our former remarks, the truth of which the *Lancet* is unable to refute, or to deny: but another and simpler method still remains—to misrepresent, to misstate, to misquote. It is assumed that we propose to do away with hospital reports altogether; and then it is gravely argued, that cases are instructive—that hospitals are public—that surgeons have

no right to concealment. All very true ; and, accordingly, we said, “ the ground of complaint is not that reports are made, but that *false* reports are made ;”—“ not that *true* statements of actual facts are made, but that cases are *perverted* for sinister purposes.” Hospital reports constitute an essential part of our Journal, and we would suppress none but those which are false. Were this to be done—were every page of the Lancet, containing a misstatement, to be cancelled—Query, how many pages would remain ?

We recommended, as a check upon reporters, the peremptory exclusion from the hospitals of all who were “ detected” in giving false statements. The Lancet very naturally objects to this, and represents us as advising the forcible ejection of all who are “ convicted, or suspected.” !

Alluding to the embellishment of cases, so as to fit them for the daily papers, we say, “ of medical and surgical matters, the public are singularly and pre-eminently ignorant, and of course are singularly and pre-eminently liable to be deluded—to be duped by any crafty knave who has no scruples in arrogating superiority of his own knowledge, and calumniating the skill of others.” Whether from not knowing any “ crafty knave” to whom this passage might apply, or from some other reason, the Lancet chooses to give the following, with inverted commas, as our words:—“ The public are singularly ignorant of medical subjects ; and it is not the interest of practitioners that they should be let into the secrets of the profession.” !! This, indeed (adds the Lancet), “ is the language of a charlatan :” a sentiment in which we entirely agree with him—for it is his language, not ours.

As a winding up to the article, the public is informed that we are in the habit of treating “ a complaint demanding such energetic therapeutic agents

as amenorrhœa,” with bread pills ; adding, “ our contemporary knows and feels that we speak advisedly.”

From the oracular style in which this paragraph is written we infer that there must be some foundation for this very heinous charge against some person or persons whom the Editor of the Lancet believes to conduct this work. We agree with him in thinking he has made out an excellent case, and that some such method as the application of leeches ought rather to have been adopted—a *remedy which the Editor may remember produced such marvellous effects in the only specimen of his practice which has ever been brought before the public.* “ Our contemporary knows and feels that we speak advisedly *.”

HOSPITAL REPORTS.

PARIS HOSPITALS.

Paralysis of the Fore-arms from the absorption of lead—Endermic treatment with Strychnine.

A YOUNG lapidary was lately admitted into La Pitié, with paralysis of the extensor muscles of the fore-arm. He had suffered twice before from the same disease, which appears to be produced by the absorption of lead, from plates of that metal acted upon by powdered emery, which he constantly uses in the practice of his trade. The first symptom consists in violent colics, which generally last about a fortnight, and are followed by loss of power in the hands and fore-arms.

Blisters were applied—one to the back of the hand and fingers, and another to the back of the fore-arm, on each side. After they had risen, the cuticle was completely removed, and the surface of each blistered part sprinkled with the eighth part of a grain of powdered strychnine. The quantity was increased by adding each 24 hours the original dose to that of the preceding day, till it arrived at two grains, after which half a grain was added every second day. The patient

* The preceding are the remarks to which we alluded in our 28th Number, as postponed to give place to the extracts from Dr. Forbes's statement. We perceive that the Lancet has since published another article on the same subject : as it is in the same style as the former, we deem it unnecessary to go over the ground again.

has been nearly a month under this treatment, and can now move the hands a little, particularly the left. On the two former attacks, the strychnine was given internally, without benefit; after which the same method was adopted as on the present occasion. In the first instance it required three, and in the second, five months to effect a cure. Such is the method usually adopted by M. Bally, and said to be very successful in cases of partial paralysis.

Case of "Anterior direct position of the Trunk"—slow delivery.

Magdeleine —, pregnant of her fourth child, presented herself on the 27th of March at the *salle* of M. Velpeau, believing herself to have been in labour for several hours; she had appeared and been examined five months before, when it was supposed she was four months gone with child. The pains were now strong, and the uterine contractions evident; but the state of the os uteri rendered it probable that the labour would not be speedily terminated, for although the orifice was soft and dilatable, it was impossible to discover any part of the fœtus on examination per vaginam. An oval tumor was felt through the abdominal parietes, in front of the pubes, the long diameter of which was placed transversely. The pains continued till the middle of the night, with mucous discharge.

There were no pains next day, and, in fact, they did not return till the 27th of April. The neck of the uterus was found to be placed completely at the top of the superior isthmus, and in order to reach it, it was necessary to bend the finger forwards as far as possible. The cervix appeared to be united obliquely to the side of the uterus. The tumor formerly mentioned now covered entirely the front of the pubes. M. Velpeau now ascertained that it was formed by the head of the infant, which, depressing the anterior part of the uterus, had carried it, as it were, out of the pelvis. The sagittal and lambdoidal sutures, as well as the posterior fontanelle, could be felt through the parietes of the abdomen. The occiput was to the right, and the child appeared, in consequence, to present itself "in the third position of the right shoulder;" a position which most modern authors reject. M. Velpeau stated that the labour would be tedious, and probably

would not be terminated without assistance.

28th.—The pains ceased in the night, and returned to-day at ten in the morning. At mid-day they again ceased.

29th.—The pains returned.

30th.—The patient scarcely suffers to-day; abundant mucous discharge.

1st & 2d of May.—The waters came away by degrees; the pains became stronger; but the cervix uteri did not dilate, although still soft.

3d.—M. Desormeaux was requested to see the case. After an attentive examination, he stated that he had never met with any one similar; and that before attempting any thing else, it would be proper to place the patient horizontally, in order to try to bring the head into the direction of the superior isthmus. This had been done several times by M. Velpeau and his assistants; and at half-past eight in the evening M. Velpeau once more laid hold of the uterine tumor with both hands, and carried it above the pubes, pushing it towards the centre of the pelvis, where he kept it for a quarter of an hour. When he was tired, others took his place, thus relieving each other alternately. At half-past nine the head was fixed, and from this time the labour proceeded with so much rapidity, that at ten o'clock the child was born.

This case is stated by the reporter, to prove that a genuine labour may commence and be suspended for a considerable period; that pregnancy may pass the tenth month; that the "direct anterior position of the trunk" is possible; and that it is not always necessary to carry either the hand or instruments into the uterus in order to change the presentation.—*La Clinique.*

ST. THOMAS'S HOSPITAL.

Aneurism of the Aorta.

THERE is not, perhaps, a much greater desideratum in medicine than some unvarying symptoms, or set of symptoms, by which aneurism of the thoracic aorta may be distinguished, in its earlier stages, from other diseases. This is abundantly proved by the innumerable cases on record, in which it has been mistaken for totally different complaints—as phthisis, stricture of the œsophagus, spasmodic asthma, disease of the heart itself, &c. Unfortunately, aneurism in this situation is so irremediable an affection, that the only good which would result from the more early

discovery of it, would be to preserve the practitioner from the discredit of giving an erroneous opinion, and the patient from the effects of troublesome and injurious modes of treatment. It is not with any hope of diminishing the obscurity which involves the disease in question, that the following case is offered, but simply to detail a new, or, at all events, an uncommon symptom, by which the disease was, in this instance, attended.

James Waid, aged 43, a slater, was admitted May 29th. Five years ago he was run over by a cart, but did not feel much worse for the accident at the time, but, about two years since, he began to be sensible of palpitations about the chest, which increased in force to the present time. When examined, he was found to be labouring under great dyspnœa, with inability to lie down; indeed he was only comfortable when sitting nearly erect. Had not for some time been able to walk fast, nor to work at his trade. Countenance pale, with an expression of extreme suffering and languor. Often felt very faint. Had, for the last fortnight, a cough, with expectoration of frothy mucus; but the most marked symptom, and that which distinguishes the case from most that are recorded, was, powerful action of all the arteries of the upper half of the body—viz. the two carotids, the right and left subclavian, and their branches. These, even where not very near the surface, could be *seen* to beat at the distance of several yards. This was the case with the temporal and radial arteries, but was most remarkable in the left carotid and subclavian. All these arteries, when the stethoscope was applied to them, gave a sound resembling that of a small saw worked very rapidly. The increased action manifest in the arteries arising from the arch of the aorta, was not perceptible in those of the lower half of the body. The abdominal aorta could be felt on making firm pressure; but neither it nor the iliac on either side, nor any of their branches, had an unusual pulsation. On applying the stethoscope to the region of the heart, the *bruit de soufflet* was heard rather more distinct than usually, during the contraction of the ventricles; but nothing else was perceived which at all deviated from health. The patient complained of pain between the shoulders, shooting forwards, and his legs were œdematous.

Perhaps it may be thought that the above account of the increased action of the arteries, is not sufficiently distinct. The pulse was not more frequent than natural, but, as already stated, could be seen; and when the finger was laid on one of the arteries, it felt like a metallic cord, nearly incompressible, alternately striking against the finger with a thrill which could almost be heard, and then relaxing. The sensation was different from that of an ossified artery, which, although it is very hard, can scarcely be felt to pulsate. Dr. Elliotson, under whose care the patient was, declared himself quite unable to account for the symptoms. He ordered small doses of prussic acid, probably with a view of allaying the inordinate contractility of the arteries. Little change took place until the man's death, which occurred about a week after his admission. He appeared to die of exhaustion and suffocation combined.

Sectio Cadaveris.—The aorta was dilated to twice its usual diameter immediately on leaving the heart; where the large vessels arise it was somewhat contracted, though still wider than natural; it then again became dilated, and in the descending portion opposite to the fifth dorsal vertebra, a distinct and hemispherical aneurismal sac, somewhat larger than an orange, was formed on the left and posterior portion of the artery. This, however, as well as the other, appeared a true dilatation, as it was widest where it joined the coats of the artery, although tolerably circumscribed, and no distinction could be discovered, either internally or externally, between the walls of the vessel and those of the sac. There was a deficiency in the posterior part of the sac of the extent of a square inch: here the vessel, from pressure against the vertebræ, had been absorbed, while two of the vertebræ were themselves ulcerated, and contributed to form part of the boundaries of the sac, which had adhered to them. The whole artery had its coats very much thickened, and was unusually adherent to the trachea and œsophagus; the cellular membrane of the mediastinum being much thicker and stronger than is natural. The heart was large, and the walls of the ventricles, but particularly the left, were much thickened. The external appearance of the lungs was healthy, but the larger bronchial tubes were filled with a

reddish opaque fluid, which flowed out in great quantity when they were cut through. There was some fluid in the cavity of the thorax, and the two surfaces of the pleura were united by firm adhesions. The arteries arising from the arch were examined as far as the points where they leave the thorax; their coats were a little thicker and stronger than natural.

These appearances throw some light on the case. The dyspnoea, cough, expectoration, and pain in the back, are usual attendants of such a disease. The only symptoms not fully explained by the dissection is the increased action of the arteries, and this must remain unintelligible to those who deny to the arteries a power of vital contraction, in health only sufficient to balance the dilating influence of the blood, but in disease capable of being increased to the extent of producing such symptoms as were seen in this case. That there was no organic change in the arteries, except a slight increase in the strength of the fibrous coat, is probable, because none was found to the extent of six inches from their origin in the aorta.—G.

HOSPITAL SHIP GRAMPUS.

Case of Sloughing of the Femoral Artery, from Phagedenic Ulceration in the Groin, in which the External Iliac Artery was tied.

JOSIAH WILLOCK, seaman, aged 22 years, was admitted on board the hospital ship Grampus, with a bubo in his left groin: he did well till the beginning of January, when his general health became suddenly affected, and the wound in the groin began to assume an unfavourable appearance, attended with extensive and deep-seated inflammation; the ulceration at the same time partaking of a phagedenic character. Notwithstanding the most active and judicious treatment of Mr. Arnot, surgeon to the institution, the inflammation continued to increase, spreading in every direction about Poupart's ligament. Extensive sinuses formed among the abdominal muscles, and in the course of the femoral artery. By the treatment resorted to, the ulceration improved greatly in its appearance, losing entirely the phagedenic character; but the constitutional affection was but little amended. His health daily declined, and again the ulceration in the groin became phagedenic. He was evidently

hectic, and very violent nocturnal pains were fast wearing out a constitution, which shewed throughout a wonderful tenacity of life. He had a very severe attack of peritonitis, for which he was bled to the extent of twenty ounces; the blood was buffy and cupped. After the bleeding and purgatives the inflammation subsided, not without leaving him in a state of much debility. About this time he began to be troubled with fits, which were attended with frothing at the mouth, eyes fixed, breathing almost suspended, and a pulse scarcely perceptible. The ulceration was now extensive, covering the groin, and a great part of the left iliac division of the abdomen.

A very extensive sinus along the course of the femoral artery communicated with the groin, but from it there was little discharge, and that unhealthy. The parts were exceedingly irritable, and when dressed gave him excruciating pain. He lost his appetite, and to all appearance was fast sinking. A livid pulsatory tumor, size of a pigeon's egg, was observed an inch beneath Poupart's ligament, over the situation of the artery, on the morning of the 16th April. On the following day, at 3 P.M. Mr. Thorburn, assistant surgeon, was called to him, and found that the tumor had given way, and was pouring forth arterial blood. Mr. T. stopped the bleeding with the point of his finger, and as the case was urgent, prepared, in the absence of Mr. Arnot, to tie the external iliac artery, as the only means of saving him from fatal hæmorrhage. Mr. Thorburn performed the operation much in the way recommended by Sir Astley Cooper, and applied only one ligature, nearly two inches above Poupart's ligament. The only difficulty experienced was in dividing the abdominal muscles, which were much thickened from previous inflammation. In the course of the incision, the integuments were mostly ulcerated, and owing to the very inflamed state of the parts, he experienced the most agonizing pain.

The wound was dressed with adhesive straps and lint, and a bandage applied. A flannel roller was applied, and bottles of warm water were put to the leg and foot: a little wine was given to him occasionally.

18th.—He has had a tolerable night, after taking an anodyne draught; complains of much pain in the groin and limb. No particular tenderness of the

abdomen; pulse 100; some thirst. Asks for a saline draught, and is to have one as often as he wishes.

19th.—He feels much the same as yesterday, and complains of hunger. Bowels have been freely opened by saline draughts; temperature of limb nearly natural. No pulsation is felt in the tumor nor in the course of the artery. To be allowed beef-tea, and occasionally a glass of wine.

20th.—He eats with appetite. The groin being uneasy, a bread and water poultice has been applied over all the diseased parts; the discharge from the incision is healthy, but from the groin and sinuses, thin and foetid.

21st.—His strength improves, being more able to turn on his side when his sores are dressed. Poultices to be continued.

22d.—Livid spots begin to appear about the knee and foot; the limb possesses a temperature very little beneath natural. Bowels regular, and he continues to eat with appetite. The tumor is much larger than when the operation was performed, and seems to be one mass of congealed blood. It has become loose and detached about its base.

23d.—Less pain of the limb. He eats and sleeps better than he has done for many weeks. A considerable portion of the aneurismal tumor has been extracted. Has occasionally one of the low fits which existed before the operation, and recovers as if from slumber. A dark livid spot has appeared two inches above the outer ankle; livid appearances of the knee and foot increase. Cannot bear any pressure on the limb, particularly above the knee; tongue clean, and pulse 100. The hectic flush formerly on his cheeks has now disappeared. One grain of the sulphate of quinine, every six hours, has been ordered. His food principally beef-tea and beef-steaks. Has a laxative enema daily, followed by one of strong soup.

25th.—Slept soundly all the night, and feels better than he has done for many weeks. Complains of hunger; countenance lively, and spirits good.

27th, and 10th day from the operation, this morning the ligature came away on the poultice, accompanied with thick healthy pus. He is a little feverish. The wine and sulphate of quinine were discontinued, and he has had a dose of calomel and jalap, with saline draughts; has some difficulty in swallowing solids.

28th.—Sleeps much; the lividity of the knee and foot continues to spread: much discharge from the opening in the groin, which increases in depth and circumference. The ulceration spreads about the pubes, and the anterior superior spinous process of the ilium. Poupert's ligament seen tendinous and glistening, and underneath it there is a free communication between the situation where the artery was tied and the large opening in the groin. Pulse small and frequent. The wine and quinine to be recommenced.

30th.—Makes little complaint: over the patella the skin has become black, and hard as a piece of parchment. The cuticle has partly separated from the outer part of the leg and foot, and from underneath it there is a thin offensive discharge. Beer poultices were ordered.

May 3.—Since last report his strength has been decreasing; appetite gone; the greater part of his food is in a state of sphacelus, and the extensor tendons of the toes are exposed. He calls much for wine, which is allowed liberally.

4th.—He becomes weaker, and has much pain in the groin, which is greatly relieved by dressings containing opium. The cuticle begins to separate from the knee, to which beer poultices have been applied.

5th.—The whole foot now presents a mortified appearance; the integuments of the sole hanging in loose detached portions, and the flexor tendons quite conspicuous. Discharge most offensive; pulse small and frequent; and tongue dry. Has much diarrhoea; an enema of beef-tea and opium is occasionally given.

6th.—Swelling of left hand; the skin begins to separate from the prominent parts on which he has been lying. He is at times indistinct, and falters in his speech. Tongue dry and parched. Teeth covered with dark incrustations. Much offensive discharge from knee and foot. Little discharge from the ulcerations, which have a glassy appearance.

7th.—He died.

Dissection 48 hours after death.—On dissecting back the abdominal muscles, the parts in the situation of which the artery was tied were found consolidated and covered with healthy pus. The portion of peritoneum which had been detached, had a coating of purulent matter, and on its inner surface had a lymphatic connexion with the intestine. The intestine itself had no inflammatory

appearance. A portion of the smaller intestine was much inflamed, which may account for the diarrhoea which had existed for some days previous to death.

The artery above where the ligature had been applied, was filled with a solid clot of blood to the extent of an inch. Beneath that, the artery was obliterated for another inch, to nearly where the epigastric and circumflex are given off: these arteries were distinctly traced, arising from the iliac. After passing underneath Poupart's ligament, as far as its lower margin, the artery was again obliterated to the extent of five inches, along the great sinus in the thigh. There was no coagulum in the iliac vein, but in the femoral vein there was a coagulum of blood, and it seemed also thickened in its coats. The examination of the body was not continued further.

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ST. GEORGE'S HOSPITAL.

Compound Fracture.

Two cases of the above very serious injury have occurred at this hospital within the last few weeks. The one proved fatal, the other did not; but both of them attracted considerable attention, and deserve to be recorded.

CASE I.—Compound Fracture of the Radius—Amputation of the Arm—obstinate Pulsation on the face of the Stump.

Joseph Bedford, æt. 64, whilst engaged, at two p. m. of the 13th of May, in supplying a chaff-cutting machine in a brewery at Stanmore, got the sleeve of his waistcoat entangled in the works, and the fore-arm dragged amongst the cog-wheels, of which it appears the machinery is composed. The engine was immediately stopped, but the limb was jammed so tight, that in order to extricate it, a blacksmith was obliged to unlock the wheels. A tourniquet was applied by the surgeon of the place, and at midnight he was admitted into the hospital, under the care of Mr. Rose. There was no bleeding whatever when the accident occurred; but in coming to the hospital venous hæmorrhage took place, which ceased on the removal of the tourniquet.

On admission, there was found a very severe compound fracture of the radius; the external wound extended obliquely across the middle of the fore-arm, the flexor muscles were lacerated; and the

greater part of them torn completely through; the ulnar and radial arteries (which were ossified) likewise torn across; the median nerve much injured, and separated from the neighbouring parts; the radius comminuted; the ulna entire.

Fearing, from the violence of the injury, that the parts below the joint were neither capable of originating or maintaining healthy action, Mr. Rose determined on performing amputation above the elbow, although sufficient integument remained below. The operation was accordingly performed, when dissection of the limb shewed the radius broken in several places; the ulna free from injury; the radial and ulnar arteries completely ossified and torn across; but no injury whatever to the elbow-joint, or parts about it. The brachial artery, when tied on the face of the stump, was felt to be considerably ossified, as well as its branches in the forearm.

Anodyne draught.

14th.—Hæmorrhage occurred during the night, to the extent of about an ounce; but ceased of its own accord. Not much pain in the stump; pulse full, and 80.

Hauftus Salinus 6tis horis.

He went on with little alteration till the 17th, when the dressings were removed. Union had not occurred, but instead of it, matter had been formed at the lower and inner part of the stump.

18th.—Since yesterday, a large vesication has appeared at the upper part of the stump, but the constitution continues unaffected.

Continuatur Haustus Salinus.

19th.—The parts beneath the vesications are evidently sloughing; the lips of the stump are more asunder, and shreds of the sloughy cellular membrane are apparent at different parts. The constitution is still unaffected.

Beef tea and Arrow root. Haustus Salin. Haustus Sennæ.

20th.—Sloughing extending over the muscles and cellular membrane, around the brachial artery, which pulsates very forcibly on the face of the stump.

21st.—Considerably better. The sloughing has been arrested, and the sloughs appear disposed to separate, whilst the pulsation of the artery is not so strong as yesterday. No pain, but a sensation of numbness is experienced in the arm; whilst the pulse at the

other wrist is full and rather slow, having just the character of the pulse of an ossified artery.

On the 23d the pulsation was much more evident, and accompanied with a throbbing in the stump, and increase of numbness; but next day these unpleasant symptoms had in some degree subsided. On the 27th the pulsation still continued: the stump was granulating slowly, but kindly; and there being a considerable flap of integument on its outer or radial side, it was laid down upon the stump, to *re-pave*, as it were, its surface. The end of the ligature was likewise cut off, in order to prevent its being dragged in removing the dressings.

June 2d.—The ligature has not yet come away, but the pulsation is diminishing daily.

Cont. Haust. Salin. c. Mag. Sulph. 3j.
pro re natâ.

June 7th.—The ligature being loose, was removed to-day.

The flap of skin remaining thin, and not uniting with the neighbouring granulations, is to be removed with the *kali purum*.

The patient, at present, is nearly well; the stump being almost healed, and the pulsation inconsiderable. He still feels a sense of numbness and throbbing in the part; but his health is good, and he will probably be very soon discharged.

The whole arterial system of the patient appeared to be affected, for the radial artery of the other side, as has been mentioned, had all the appearance of a rigid tube, whilst the abdominal aorta presented an evident enlargement, or at any rate preternatural pulsation. Under these circumstances, it was feared that hæmorrhage might occur on the separation of the ligature from the artery on the stump. The violent and obstinate pulsation for so many days, and its subsidence at last, without any accident, are points of considerable interest.

CASE II. — Compound Fracture and Dislocation of the Metatarsal Bones. — Amputation—Death. — Depositions found in the Lungs—Inflammation of the Femoral Vein.

Fred. Wells, æt. 25, was sitting on the shaft of a cart, when, on attempting to jump off it, his waistcoat was caught in the harness, and he fell on his face.

The right leg was beneath the cart; the wheel of which, after grazing on the calf, rested on, but did not pass across the sole of the foot. This was on the 9th of June, at 9, A.M.; and within an hour after the accident, he was brought into the hospital under the care of Mr. Rose, with a compound dislocation of the metatarsal bones, *dorsad* on the tarsal, the joints of the latter being extensively exposed and broken up. Two or three of the metatarsal bones were fractured, and the external wound was torn and jagged, and extended quite across the dorsum of the foot.

The patient was a robust, ruddy-faced young man, fresh from the country, and in high health. No hopes of saving the limb were entertained, and at one, P.M. amputation of the leg, about a third below the knee, was performed by Mr. Rose. He bore the operation well, but soon after it became extremely restless, and complained of pain in the stump, from which there had been slight hæmorrhage. Pulse 108, and rather full; thirst; flushed face.

V. S. ad 3xiv. Liq. Opii Sedativi ℥xxx.
statim.

10th.—The stump started a great deal in the night, but is easier now; pulse 100, very hard and full; some thirst; face high-coloured, and bathed in sweat; tongue white, and rough; bowels opened once since the operation, but not since. The blood which was taken is strongly cupped and buffed.

Haust. Salin. ʒiiss. Liq. Ant. Tart. 3ss.
Mag. Sulph. 3j. 6tis horis.

On the next day he was rather better, at least the hardness and fulness of the pulse were a little moderated, and the skin was not so intensely hot. At the same time there was more irritability, and a degree of morbid quickness in his answers.

Cont. Haust. Salin, &c.

13th.—Has been going on but indifferently. The dressings were yesterday in part removed, when the stump looked white and sloughy, and the lips were disposed to gape. Lint and strips of plaister were applied. To-day the pulse is still full; the skin, as it has been all along, extremely hot; the tongue white, and rough; a little thirst. There is no pain whatever in the stump, but the irritability and hurriedness of manner are more decided. The stump having a very sloughy and unfavourable

look, was covered with the compound tincture of benzoin, and cold water; soon after which he was attacked with shivering, followed by vertigo, and increase of heat.

14th.—Passed a restless night, and, after being dressed, experienced the same shivering and vertigo as before. The skin is cooler than it has been yet, but damp and even clammy; the pulse is slower, but full, rather tremulous, and irritable; tongue a little cleaner; thirst; no pain; still very quick in his replies.

15th.—Rather more composed. The pulse is weak, the complexion sallow, and the features pinched.

Stump to be dressed with green digestive.
R Quin. Sulph. grs. iij. Acid. Sulph. dil.
℥vi. Tinct. Zingib. 3j. Infus. Rosæ,
℥iss. 3tia quæque horâ.

Vesp. 9 P.M.—Had a fit at 5 o'clock, during which his arms were stiff, and one side of his mouth drawn up. Some spt. ammon. aromat. was given, which was vomited immediately, and the sickness has continued. About 7 o'clock he had a severe rigor. Pulse 120, small and feeble.

The vomiting continued throughout the 16th; the pulse ranged from 100 to 140; the surface grew cool, and tenderness was felt on pressing in the course of the femoral vessels. The night of the 16th was passed in an alternation of dozing and delirium; the pulse became innumerably rapid, the features hippocratic, the secretion ceased entirely from the surface of the stump, and on the morning of the 18th he died.

Sectio Cadaveris.—The stump was dry, the surface sloughy, and the ligature had not yet separated from the femoral artery. The periosteum was not preternaturally loose, neither was there any pus between the muscles, nor around the vessels. However, on opening the latter, the femoral vein was found to be filled with pus, from the ham to the point where it is joined by the profunda vein, and its internal tissue was thickly coated with a layer of organized lymph, which considerably diminished the calibre of the vessel. The arteries, as well as the superficial veins, the profunda, and veins of the pelvis, were apparently sound. No coagulum had formed above the ligature on the artery, from which a large branch was given off, about an inch from its extremity. The liver was large, and ecchymosed spots

were observed upon its surface, but it was healthy in other respects, as were the rest of the abdominal viscera.

On opening the thorax, adhesions between the pleura, both old and recent, were discovered. In the right lung, immediately beneath the surface of the pleura, there was seen a yellowish mass, much harder than the neighbouring pulmonary structure. It appeared to be chiefly formed of coagulable lymph, and when cut into, pus escaped. Several other tumors, of a similar character, were observed in other parts of either lung, but none of them had acquired the size of the above.

This is an interesting case, and is calculated to illustrate the dangers which occasionally follow amputation when performed upon a patient in robust health. That the inflammatory action which ensued was extremely active, is evident from the whole of the femoral vein being filled with pus and lymph; although in this, as in the generality of cases of phlebitis, the symptoms of irritability and depression very rapidly came on. The abscesses in the lung were evidently of that description which not unfrequently occurs after injuries, or operations, and is attended with few, if any, symptoms to indicate their presence during life. In the present case, there was neither cough, pain, nor the least dyspnœa; as we were inclined to suspect the existence of the disease, and particularly questioned the patient on the point.

Dr. Holland was on Wednesday last elected a Fellow of the College of Physicians.

BOOKS RECEIVED FOR REVIEW.

- Arnott's Elements of Physics. Third Edit.
Gregory's Elements of the Theory and Practice of Physic. Third Edition.
Medico-Chirurgical Transactions. Vol. XIV. Parts 1 & 2.
Harwood on the Curative Influence of Climate.
Stevenson on Deafness.
Gordon's Academical Examinations.
Morison on Mental Disease.
Addison on Malvern Water.
Dr. Ryan on the Supply of Water to the Metropolis, &c.
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NOTICES.

The letter of "A Bartholomew Pupil" has been accidentally delayed—it shall appear in our next.

We are obliged by Mr. Alexander's communication, and hope to hear from him again.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 31.]

SATURDAY, JULY 5, 1828.

[VOL. II.]

SELECTIONS
FROM
LECTURES ON THE PRACTICE OF
PHYSIC.

By W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

(Continued from page 70.)

TREATMENT OF INTERMITTENT FEVER.

LET us first suppose the patient to apply to the physician for his assistance *during the intermission*. What is to be prescribed?

If it is a recent case (I mean if the paroxysms which the patient has sustained have been few), and the general health has not suffered much; if the complexion is still clear and healthy, the tongue quite natural, and the bowels have been regularly and healthily open, the mode of proceeding is evident enough. You will, of course, prescribe *Cinchona bark*, or one of its substitutes, without hesitation.

The best mode of prescribing *Cinchona* is the following:—

Decocti *Cinchonæ* 3xi.
Tinct. *Cinchonæ* c. 3i.
Cinchonæ Pulv. ʒij. ad 3i.

This draught may be given every three hours, till the near approach of the next paroxysm, when it may be given every two hours, viz. for the six last hours.

If the bark should purge or gripe the patient, the addition of a scruple of aromatic confection to the draught before-mentioned will remedy this; or it may be necessary to add five or six minims of *tinctura opii*, to induce the stomach to retain this medicine; or it

may be given in an effervescent state, by adding to it a scruple of carbonate of potass, with a little sugar, and ordering it to be mixed, when administered, with a table-spoonful of fresh lemon juice.

In cases where bark disagreed, or failed in curing ague, the liquor *arsenicalis* of the *Pharmacopœia* was in much use, till it was superseded by the introduction of the sulphate of quinine. The dose of liquor *arsenicalis* is, from four minims to twelve, in distilled water, and it may be given at intervals of three or four hours. I should not recommend its being given oftener than every three hours, for fear of accidents. The great invention of the present day, however, is the sulphate of quinine. About *three* grains are equal in medicinal strength to a drachm of powdered bark, and it may be administered in this quantity at the same intervals, namely, every three or every two hours.

The following is a good formula for prescribing it:—

R Quininæ Sulphat. gr. iij.
Acid. Sulph. Dil. ℥v.
Aq. Distillatæ 3xi.
Syr. Aurantii 3i.

Some practitioners prefer administering the sulphate of quinine in larger quantities at once, instead of subdividing the doses as I have suggested; they recommend ten grains to be given immediately after, or immediately before, the paroxysm; and assert that its effects are more certain when it is thus administered than when prescribed in smaller and more frequent doses. I have not myself observed this, and confess I prefer the latter mode of prescribing it, as equally efficacious, and less likely

to disagree with the stomach than the former.

Having these three remedies at hand, you need not trouble yourselves about any others. The drugs, however, which have been recommended at different times, for the purpose of curing ague, are almost infinite in number: all the astringent barks have been used, and often with advantage, when Cinchona has been scarce, or has disagreed; and besides these, all the metallic tonics have been recommended for the same purpose—I mean the sulphates of copper, iron, and zinc. Musk and other antispasmodics have been used for this purpose also, as well as many other articles whose medicinal properties are problematical—such as cobwebs, charcoal, ambergris, &c. The truth is, that imagination has great power, by giving the tonic assistance of confidence, towards keeping off such diseases as this, especially in slight cases, or those which have not become inveterate. But, as I said before, in supplying yourselves with the three weapons I have already mentioned—I mean bark, arsenic, and sulphate of quinine—you will, I think, be sufficiently armed against the disease in question.

I have hitherto supposed that you have been treating a case of intermittent fever, which has gone through a few paroxysms only, and has done little injury to the constitutional health of your patient.

But if, on the other hand, you find that he has been long suffering from the disease; that his paroxysms have been very severe; that the visceral congestions which take place during the paroxysms have injured the important viscera of the abdomen, or, at any rate, impaired their powers; that the patient's skin is muddy and half jaundiced; that the conjunctivæ are somewhat yellow; that his tongue has a brown coat at its root; that his abdomen is tense, and his hypochondria tender; that his appetite is impaired; that his bowels are torpid, his excretions unnatural, and his urine depositing a lateritious sediment even throughout the intermission,—you may depend on it that active purging is necessary in such a case, and that there is very little prospect of overcoming the disease until you have well cleared out the bowels, and stimulated the liver and

intestinal canal to a healthier action than they have lately been capable of sustaining. If the disease be a tertian or quartan, it will be easy to administer the purgative so as not immediately to interfere with the paroxysm. In a quotidian, however, this will not be so easy; but even if this cannot be avoided, purging is necessary, and must be instituted; and whether the first one or two paroxysms are mixed up with the effects of the medicine or not, I am satisfied, in spite of the prejudices of the older physicians against the use of purgatives in ague, that time will be gained in the main; for after the alvine secretions are restored to a state of healthiness, the tonics which you will administer will be infinitely more efficacious, and more capable of insuring a perfect cure in a short time, than if they were exhibited without this precaution. The purgatives I should recommend to be used under these circumstances are either five grains of calomel, combined with a scruple of powdered jalap, and four grains of pulv. cinnam. c.; or the same quantity of calomel, followed by the common senna draught in about 4 hours. These means may be used every other day, until the liver and bowels appear to act healthily. I have seldom found it necessary to repeat this dose more than two or three times; but it is impossible to lay down any general rule on this head.

By these means the bowels may be cleared out in eight or nine hours; and supposing this to be done immediately after one paroxysm, there will still be some time for the administration of bark, or quinine, or arsenic, before the next shivering comes on.

The diet during the intermission, if bark is indicated, may be light and nutritious, such as, fish, roast chicken, or a tender mutton chop, and small quantities of wine with water.

During the purgative process, it should consist of gruel, chicken broth, veal broth, beef tea, and similar fluids.

So much for the treatment of the patient during the intermission.

Let us next suppose him to apply to you *at the beginning of the paroxysm itself*—what is now to be done for him?

Many remedies have been recommended in this stage of the disease, with the object (as it is somewhat vaguely said) of giving a shock to the

constitution, and thus breaking through the morbid habit under which it is labouring; hence some recommend an emetic, (a very popular remedy under these circumstances), others a drastic purge, others the application of a tourniquet to the principal arterial trunks; some say the patient should be immediately immersed in a warm bath; others again recommend different stimulants and antispasmodics. Nor must I omit to state that the free use of the lancet during the cold stage of intermittent, has lately met with some advocates, at a celebrated school of physic in the north.

But what, let us ask, is the principle of treatment, or, in medical language, what is the indication which we are to act upon in this stage of the disorder?

The right principle, as it appears to me, on which the cold stage of an intermittent fever is to be treated, is clearly this: as we know that this stage depends on a certain collapse and depression of the nervous power—that every assistance which can *safely* be afforded to the constitution towards resisting and reacting against the depressing cause of this period of the disease, is to be supplied by medical treatment—I say *safely*, because it would be easy enough to stimulate (with ardent spirits for instance); but then what would be the consequence? The cold stage would be cured indeed, or overcome; but there would be a ferocious hot stage, excited by the very means used for mitigating the cold one. The object, then, of the practitioner, is to give such stimulants as produce their effect immediately, and powerfully, and yet do not continue to act as stimulants for a long time together. For this purpose, nothing can be better contrived than a combination of sulphuric æther with tincture of opium; and the common camphor mixture is an excellent vehicle for the compound; for here the stimulating effects of the camphor and æther, although very powerful at first, are still transient; and the opium, which is itself a stimulant in the first instance, has ultimately a sedative effect on the constitution.

I would administer, then, as soon as the shivering commenced, the following draught:—

Misturæ Camph. 3xi.

Tinct. Opii.

Spir. Æth. Sulph. c. aa. 3ss.

And if the first draught does not overcome the rigors, I would give another and similar draught in the course of half an hour. I should not recommend it to be again repeated, lest its effects might aggravate the hot stage. The other means which are necessary in this part of the complaint are, to place the patient in a well-aired bed, in a thoroughly ventilated but warm room (70 degrees), and to give him warm and bland drinks, such as tea, barley-water, and warm gruel, and to watch carefully the accession of the *hot fit*. (A warm bath, in severe cases, is sometimes serviceable, but not often necessary.)

As soon as this appears, he must be relieved of a portion of his bed-clothes, the temperature of the room may be lowered 10 degrees (from 70 to 60), he may be allowed to drink cooling drinks, and in cases where the heat is excessive and distressing to the patient, he may be sponged with tepid, or even cold vinegar and water. In this stage also antimonial wine (m xx.) may be administered with advantage in a saline draught, or the pulvis antimonialis, in doses of gr. v. or vi., may be given at intervals of two or three hours, as long as the heat lasts. In some few instances, venæsection, or cupping, or leeching, may be necessary, where the reaction is violent, and the sanguineous congestion in vital organs intense; but this does not often occur in intermittent fevers. We shall find the case very different in remittent and continued fevers.

During the sweating stage, no medicines are necessary; the patient must be kept at a temperature which shall prevent him from being chilled by the perspiration—a temperature of which his sensations will be the best criterion; and his linen must be changed as often as it becomes wet through.

I have described in this manner the treatment of this disease in each stage of the paroxysm. It must be recollected, at the same time, that however desirable it may be, in order to preserve the patient from unnecessary exhaustion, to use every means for moderating the severity of each stage of the fit, and to shorten its duration, yet that all these means are only palliatives; and that the cure of the disease must be effected in the intermission. And, moreover, that the two great means by which the disease is to be extirpated, are purging, under

the circumstances before described as requiring purgatives ; and bark, or one of its substitutes, in all cases.

As soon, therefore, as the sweating stage is over, you must decide whether farther purging is requisite ; if it be so, administer the purge immediately, and as soon as it has acted, begin the use of bark or quinine, or arsenic, as before recommended ; if it be not considered necessary to purge, the bark or quinine, or arsenic, may be immediately commenced, and administered throughout the intermission.

Having gone through the treatment of every stage of intermittent fever, I shall now proceed to make a few remarks on PROGNOSIS.

The prognosis is, I may say, generally favourable in agues of this country ; they are, in fact, very seldom fatal, primarily, in England. If they destroy life, it is generally by producing important organic diseases, which terminate unfavourably after a lapse of time.

In countries lying within, or near the tropics, the paroxysms themselves are sometimes so violent as to destroy life at once, even in the first or second attack ; but in this country we never find them of such intensity as this. The only circumstance which affords a bad prognosis here, is the long, very long continuance of the disease, with great debility and emaciation ; which, on farther examination, will be for the most part found to be accompanied with organic disease of the stomach, liver, spleen, or mesentery, or all these at once ; and, therefore, may be rather considered as cases of structural disease than of simple intermittent fever, and they require quite a different treatment on that account.

SEQUELÆ, OR CONSEQUENCES OF INTERMITTENT FEVER.

The most common consequences of inveterate ague are indurations of the liver and spleen, arising from the deposit of coagulated lymph, or fibrin, as it is now called, into their substance, during the repeated, and almost constant determination and congestion which take place during a protracted series of such febrile paroxysms. The indurations in question, especially those of the spleen, are well known in the fens by the name of ague cakes ; and a very common effect of these indurations, when they are inveterate, is

the collection of fluid in the peritoneal bag, and ultimately, universal dropsy.

Dysentery is also a frequent sequela of long continued or imperfectly cured ague. The mucous membrane of the bowels, after the repeated attacks of sanguineous accumulation, which take place in it during the continuance of ague, becomes diseased ; its functions are depraved ; the mucus secreted by it, being vitiated and acrid, instead of simply lubricating the canal, irritates it, and produces all the symptoms of dysentery ; which are, of course, aggravated by the secretions of the liver, which are also unhealthy, and acrid. This is not the time for describing the symptoms or the treatment either of dropsy or of dysentery, which will be fully spoken of hereafter. It is enough to mention them amongst the consequences of the disease which we have been describing ; particularly as the notice of these sequelæ affords an important caution to every practitioner who is called on to treat an intermittent fever ; namely, that however long the intermission may be which he has produced by the medicine he has prescribed, he is not to consider the disease eradicated till he has restored to a healthy state the functions of all the abdominal viscera ; till he has ascertained that the stomach, the liver, and the bowels, all perform their duty regularly and perfectly ; till he sees that the muddiness of the complexion, and the yellowness and heaviness of the eyes, have disappeared ; in short, until, with the restoration of appetite, and of digestive power, he sees that the tonic vigour and alacrity of health are fully re-established in his patient.

If the patient is allowed to return to his usual employments with a deranged state of the abdominal viscera still upon him, the slightest exciting cause will re-produce the disease in an aggravated form ; and thus, that which was originally the effect, will become, in some measure, an accessory cause of the disease itself ; and in this relapsed state, that which was before an intermittent fever, will often become, what is infinitely a more dangerous, as well as a more obstinate disease, I mean the bilious, or marsh remittent fever. This kind of fever will be the subject of the next lecture.

[To be continued.]

ABSTRACT OF A CLINICAL LECTURE

ON

SCIRRHUS OF THE BREAST,

Delivered at the Middlesex Hospital,

BY HERBERT MAYO, F.R.S.

MR. MAYO read the following case:—

Mary Dale, æt. 58, was admitted into the Middlesex Hospital on the 19th of March, with a swelling in the left breast, which had gradually (from its first appearance two years and a half since) attained the size of a moderately large walnut. It lay immediately behind the nipple, which, however, was not retracted. The tumor was hard and weighty: during the last four months it had been the seat of pricking, shooting, lancinating pains. During the last month, sensations of a similar description, but more acute, had been felt in the left axilla, where, upon examination, two glands were found enlarged to the size of hazle nuts, and very tender on pressure, which the breast was not.

It was decided, in consultation, that the breast should be removed, and the glands left, on a supposition, founded upon the preceding fact, that the enlargement of the latter was of an inflammatory nature only. The operation was performed by Mr. Mayo the 24th March, and the subsequent progress of the case has been satisfactory. A week after the operation the enlarged glands were smaller, and less painful. In another fortnight, however, the cicatrix being nearly completed, considerable pain was felt across the chest, in the shoulder, and down the arm; at the same time the diseased glands enlarged rapidly. Leeches were then repeatedly applied over them, with linseed poultices; and the general health of the patient attended to. The enlarged glands gradually yielded to this treatment. The wound is now wholesomely cicatrized; there is no hardness about the breast; and the glands have shrunk to their natural size, so as to be with difficulty distinguishable in the axilla.

Scirrhus of the mamma commonly, but not uniformly, occurs after the cessation of the catamenia. A scirrhous tumor is characterized by its slow growth, its hardness (like that of horn), its weight, the shooting pains which attend it; in general by the retracted nipple; the patient has generally a sallow, leaden countenance, or a dingy, muddy complexion.

The tumor, when examined in the instance described above, exactly resembled, in consistence and appearance, the section of an unripe pear. Sometimes the texture of a scirrhous tumor nearly resembles that of cartilage; at other times it is softer, more granular, yielding on pressure a milky, semifluid substance. In some cases the schirrous structure is limited to the tumor; in others it extends in narrow indurated lines, which are perhaps diseased lymphatics, into the surrounding membrane; or the surrounding membrane has here and there, at unconnected points, the consistence of gristle.

A scirrhous breast should be removed as early as possible; but the operation is inadmissible—1. when ulceration has taken place; 2. when the adjacent skin is studded with hard nodules; 3. when the tumor is of large size; 4. when adjacent lymphatic glands, which do not admit of being removed, are likewise affected with scirrhus.

In illustration of the third remark, Mr. Mayo described the case of a lady whose breast he removed last August: it formed a great mass of scirrhus, which here and there was scarcely circumscribed, but blended itself with the neighbouring cellular membrane: the adjoining lymphatic glands were not diseased. The complaint has since returned in the breast.

To illustrate the fourth point, Mr. Mayo described the case of a lady who consulted him last autumn, with a large scirrhous tumor in the axilla. Two years before, the breast had been removed; but at the time the operation was performed, the surgeon was aware of the existence of an indurated gland, near the insertion of the pectoral muscle.

With reference to the occurrence of inflammatory swellings in the neighbourhood of scirrhous parts, Mr. Mayo cited the case of a young woman recently under his care as an out-patient of the hospital. She had undergone the operation for the removal of a scirrhous breast in May, 1827, and applied again for relief in August, with hardness and pain at one part of the cicatrix, and a circumscribed painful hardness at the lower edge of the pectoral muscle. These symptoms disappeared with the use of leeches and poultices, and attention to the general health.

Another case was that of a boy, æt. 19, who had a circumscribed tumor, occupying the gland of the right breast;

this tumor had existed a year and a half; and for the last six months had been attended with severe shooting pains; leeches, blisters, poultices, anodyne and mercurial plaisters, had been tried ineffectually for its relief. Mr. Mayo removed the tumor, which was found to have a dense membranous structure. A month afterwards the boy returned, with pain and thickening about the cicatrix; these symptoms disappeared under the use of leeches and poultices.

Pain of the shoulder, pain extending down the arm and fore-arm, with tenderness on pressure, and loss of power over the muscles, the elbow being half bent, and the flexor muscles painfully rigid and contracted, are frequent symptoms in an advanced stage of scirrhus, and even for a time, after the part has been successfully removed. A belladonna plaister will sometimes relieve these symptoms; the last described is most benefitted by opiate poultices.

The operation of removing a scirrhous breast admits of being performed with great rapidity, by which means the patient's suffering is lessened, and the vessels which require a ligature are the more easily found. If the incision through the integuments be made transversely, or obliquely (either of which modes are preferable to the vertical incision), the vessels that require to be tied are commonly found near the outer and inner corners of the wound.

July 1, 1828.

PATHOLOGICAL AND SURGICAL
OBSERVATIONS
RELATING TO
INJURIES OF THE BRAIN.

BY B. C. BRODIE, F.R.S.
Surgeon to St. George's Hospital.

THE volume of the Medico-Chirurgical Transactions just published contains a paper on injuries of the head, by Mr. Brodie: of this, as of the others, it was our intention to have given an analysis; but after an unsuccessful attempt we have been obliged to abandon this idea, because the matter contained in it is already as much condensed as is consistent with perspicuity. We shall, therefore, extract the most interesting parts of the paper itself in the author's own

words. Mr. Brodie's object is to make "such a collection and arrangement of facts as will enable the surgical student to take a distinct and connected view of all the parts of this curious and interesting enquiry." The present paper contains only those observations which relate to the immediate consequences of an injury, but on a future occasion the author purposes to communicate a second series, relating to the more remote phenomena which are connected with inflammation, or its consequences.

Immediate Effects of Injuries of the Head as indicated by Dissection.

In treating of injuries of the brain, of course I mean to include the consideration, not only of those by which the brain is affected in a direct, but also of those by which it is affected in an indirect manner. Wounds and contusions of the external parts of the head demand our attention, inasmuch as they may be, and not unfrequently are, followed by disease of the more important parts contained within. Among the effects produced we are to distinguish those which are the immediate result of the injury, and those which are to be attributed to inflammation and its consequences. In the former we are still further to distinguish the actual derangement or destruction of the natural organization, such as it is disclosed by dissection, and the symptoms produced during the life of the patient by the disturbance of the functions of the injured organ; attempting at the same time to view these two orders of facts in connexion with each other, as the method by which, on this as well as on other occasions, we may be the best enabled to found the practical art of surgery on the basis of a scientific pathology.

The appearances which are observable on dissection in a person who dies soon after an injury of the head, are very various, and may be variously complicated; but they admit of being classed under the following heads:

1. There may be simple contusion of the scalp with extravasation of blood between it and the tendon of the occipitofrontalis muscle, or between the latter and the pericranium, or between the pericranium and the bone; concerning which it is scarcely necessary to repeat the observation of Mr. Pott as to the close resemblance of the impression which is given to the fingers by the

margin of the mass of extravasated blood, and that of depressed bone.

2. The scalp may be lacerated so as to expose the surface of the pericranium, or the pericranium itself may be torn off with it so as to expose the surface of the bone. Of these injuries, however slight may be the apparent difference between them, the latter is, as I shall shew hereafter, likely to produce much more serious consequences than the former.

3. If a blow be inflicted on the head of the dead subject, the small vessels which connect the dura mater to the inside of the bone, at the part where the blow is inflicted, become ruptured; and in consequence the dura mater is separated from the bone to a greater or less extent. This, which happens in the dead body, may happen in the living body also, and is not an unfrequent consequence of an injury of the head. The separation of the dura mater is sometimes very extensive. A boy, twelve years of age, fell from a height of fifty feet, and struck his forehead against the ground. He was admitted into St. George's Hospital in a state of stupor, in which he lay for three days, when he died. On dissection, besides a large extravasation of blood on the inferior surface of the brain, the dura mater was found to have lost its adhesion to the bone everywhere, except in the basis of the cranium, and the external surface of that membrane had a brown and sloughy appearance.

4. The cranium may be fractured in all varieties of ways, from the most simple fissure to the most complicated fracture, accompanied with depression, and extending in a number of directions. A fracture in most instances takes place in the upper part of the cranium. Fractures of the basis are always the consequence of very severe contusion, and recoveries from these accidents are comparatively rare, not because a fracture of the basis is in itself more dangerous than a fracture elsewhere, but because it is almost invariably complicated with extensive injury of other and more important parts.

A fracture generally occurs in that part of the cranium on which the blow has been inflicted. But we find that in cases of fracture of other bones, the fracture is often situated at some distance from the part which is immediately exposed to the shock of the injury,

as when the fibula is broken a little above the outer ankle in consequence of the foot having been twisted outwards, or the ribs are broken in the side in consequence of a blow on the sternum; and some French writers have supposed that fractures of the cranium occur in the same manner, being produced by what they have denominated the *contre-coup*.

It has been observed to me, however, by Mr. Earle, that he has not known a fracture of this kind to take place except where the blow seems to have operated in such a manner as to impel the occiput forcibly against the atlas, the line of fracture passing through the former bone, where it rests on the latter. My own experience corresponds very nearly with that of Mr. Earle. The only well marked cases of fracture of the cranium, in which the fracture could be attributed to the effects of the *contre-coup*, which have fallen under my own observation, were similar to those which he has mentioned. I do not, however, mean to assert, that such fractures absolutely never occur independent of the re-action of the atlas. Among the cases recorded in the Prize Memoirs of the French Academy of Surgery there are some which shew that the thing does happen, and Mr. Bell has offered an ingenious and scientific explanation of the mode in which it happens. It is, however, worthy of remark, that the only two cases which Mr. Bell has adduced in illustration of what he has advanced, are those in which the fracture extended across the occiput, in one case passing through, and in the other case passing close to, the foramen magnum of that bone.

In all cases of fracture of the cranium, with depression of bone, it is of importance to observe that the division of the inner does not correspond to that of the outer table of the skull, the former being always broken to a greater extent than the latter. In consequence of this the actual depression is greater than it would appear to be from the mere inspection of the external fracture.

I have seen a case in which there was a fracture with distinct depression of the inner table, while there was a simple fissure which was scarcely perceptible, and that without the smallest depression, of the outer table. But more remarkable instances of the kind are

recorded by authors. M. Saucerote*, in the Prize Memoirs of the French Academy, quotes a case from Tulpus, in which there were extensive fissures of the inner table of the skull, although the outer table remained uninjured; and another from Parey, in which, while the outer table was entire, the inner table was broken into splinters, some of which were actually driven into the substance of the brain. Dr. Hennen also in his Treatise on Military Surgery†, gives an account of a case similar to the last, in which the inner table was splintered, and at one part driven more than half an inch into the membranes of the brain, although there was not even a fissure of the outer table. The greater elasticity of the outer table of the skull, and the greater brittleness of the inner table, seem to afford the only reasonable solution of these phenomena.

5. In young children we sometimes find the cranium depressed or indented after a blow on the head, and in the course of a few days restored to its natural level without the aid of a surgeon. I suppose that in these cases the earthy part of the bone has given way, while the animal part has remained entire, so that there has not been a complete fracture or actual solution of continuity, and that the pulsations of the brain constantly operating against the inner surface of the bone, have been the means of elevating the depression. I have had no opportunity of verifying or contradicting this opinion by dissection, but it corresponds to what we know to happen in cases of injury done to other bones during the period of childhood.

6. The disjunction of the sutures is much more rare than fractures of the cranium. It is evident that this cannot happen except in those who are not much advanced in life, and in whom the sutures are not completely consolidated. Such a case is always to be regarded as one of peculiar danger, not so much because the disjunction of the sutures is in itself likely to lead to bad consequences, but because the force necessary to produce it is so great, that it is also likely to produce extensive and serious injury of other parts.

7. Extravasations of blood within the cranium, in consequence of a blow on the head, occur in various situations:

1st, between the bone and dura mater; and here the extravasation may arise from a rupture of the small blood-vessels by which the dura mater is connected to the bone, or from a laceration of the trunk or branches of the middle meningeal artery. There is, however, never any considerable hæmorrhage from the former source. At least, all the experience which I have had on the subject tends to confirm the opinion advanced long ago by Mr. Abernethy, that blood is never poured out in such quantity as to produce a dangerous pressure on the brain, except where the middle meningeal artery has been lacerated, and from this vessel the hæmorrhage is sometimes very copious. I do not recollect to have seen it lacerated, except in combination with fracture running across the bony canal in which it is lodged; cases are however recorded by authors, in which the artery has been opened into, and bleeding has taken place from it, independently of fracture. 2dly, there may be extravasations of blood within the dura mater, and here the blood is generally collected between the dura mater and the tunica arachnoides. Sometimes, however, but rarely, the blood occupies the ventricles; at other times we find it extravasated in the substance of the brain, or in the cells of the cellular texture by which the tunica arachnoides and pia mater are connected with each other. Large extravasations are sometimes found on the upper surface of the brain, but more frequently on its basis. In the latter situation, the hæmorrhage is usually the consequence of a rupture of the substance of the brain. As a blow on the abdomen may lacerate the substance of the liver or spleen, and occasion hæmorrhage into the peritoneal cavity, so may a blow on the head cause a rupture of the tender substance of the cerebrum or cerebellum, and hæmorrhage into the cavity of the dura mater. These cases generally afford examples of the *contre-coup*. The rupture of the brain rarely takes place at the exact spot at which the blow is inflicted; and the great irregularities which exist on the inner surface of the basis of the cranium, sufficiently explain wherefore the inferior is more liable to be ruptured than the superior surface of the brain.

Wounds of the sinuses sometimes bleed profusely where there is a free

* Vol. IV. Svo. edition, 1819, p. 322.

† P. 323, second edition.

opening in the bone made by accident or operation, through which the blood can readily escape. But a very slight pressure is adequate to the suppression of this as well as of other venous hæmorrhage; and I have never known an instance in which there was such a collection of blood as was capable of interfering with the functions of the brain, between the dura mater and the bone, or between the dura mater and the brain, in consequence of a wounded sinus. There is often a considerable effusion of blood from the ear, especially in cases of fracture of the basis of the cranium. This may, as far as I know, sometimes arise from other sources; but it seems probable that it must, in most instances, arise from the laceration of the lateral sinus, where it extends downwards behind the petrous process of the temporal bone and the external meatus; and in one instance I ascertained it to have been so by the examination of the body after death. In another case which fell under my observation, there was hæmorrhage from both the ear and the nostrils. The patient, a boy, died shortly after the accident; and it was found on dissection that there was a fracture of the base of the cranium, with laceration of the cavernous sinus, and that the hæmorrhage had taken place from this sinus.

7. There may be all descriptions of wounds of the brain and its membranes, punctured, incised, and lacerated, with or without loss of substance: and with these, the effects of contusion which have been already enumerated, may be variously combined.

Concussion of the Brain.

It is evident that many of those consequences of an injury of the head which are disclosed to us by dissection, are not likely to be marked by any peculiar symptoms in the living person; at least not previous to the access of inflammation. Wounds and lacerations of the brain, and compression of the brain, whether it arise from extravasated blood or a depression of bone, may impair or destroy the functions of that organ; but neither simple fissures of the cranium, nor disjunction of the sutures, nor separation of the pericranium or dura mater, are in themselves adequate to produce such effects in the first instance, although they may lay the foundation of serious disease afterwards.

But it has been long since established, by the investigations of surgeons, that another cause, besides those which are rendered manifest by dissection, may be concerned in producing the symptoms which immediately follow a contusion of the head. A man receives a blow on the head; he becomes insensible, and continues so for a few minutes or for several hours. He dies, in consequence of this or some other injury; and on examination after death, the brain and its coverings appear to be perfect in all their parts; so that the most accurate anatomist can discover nothing different from the natural appearance of these organs. Opportunities of verifying this observation occur more or less to all those who have had much experience in their profession. In such cases, the patient is said to have been stunned, or to have suffered from concussion of the brain: and it is to one of these three causes, namely, concussion, compression, and wounds of the brain, that the symptoms which immediately follow an injury of the head, and which are antecedent to those produced by inflammation, are to be referred.

Opportunities of inspecting the brain, where the patient has laboured under symptoms of concussion, may arise, first, where the concussion has so disturbed the functions of that organ as to have been in itself a cause of death (which is, on the whole, a rare occurrence); secondly, where the concussion of the brain has been complicated with other and still more serious mischief. We learn from such examinations, that the symptoms which are ascribed to concussion do not depend on any such derangement of the organization as admits of being disclosed to us by dissection. The brain appears to retain its natural structure unimpaired. We are not, however, justified in the conclusion that there is, therefore, in reality no organic injury. It is difficult to conceive in what other manner concussion of the brain can operate so as to produce the effects which it is known to produce; and if we consider that the ultimate structure of the brain is on so minute a scale that our senses are incapable of detecting it, it is evident that there may be changes and alterations of structure, which our senses are incapable of detecting also. The speedy subsiding of the symptoms of concussion does not contradict this opinion. A

deep incised wound in other parts of the body may, under certain circumstances, be completely and firmly united in the space of 24 hours; and it is easy to suppose that the effects of a much slighter injury may be repaired in a still shorter space of time.

The disturbance of the functions of the brain, which is the consequence of concussion, may exist in various degrees, and may be of various duration.

In many instances there is at first complete insensibility to external impressions. The patient lies as if in a state of apoplexy, from which, however, he recovers in the course of a few minutes. In some instances the recovery is complete; the patient rises and walks away as if nothing unusual had occurred. In other cases this state of total insensibility is followed by one in which the sensibility is impaired, but not destroyed. The patient is not affected by ordinary impressions; but if spoken to in a loud tone of voice, he will shift his position, and answer in a peevish manner. Sometimes he is in a state of imperfect delirium, talking in an incoherent and rambling manner, as if intoxicated: the pupils contract on exposure to light, and are sometimes more contracted than under ordinary circumstances: there is no paralysis. The respiration, in the great majority of cases, is performed easily and naturally; in a few instances only it is laboured, and approaching to being stertorous. These symptoms may wholly subside in the course of a few hours, or they may continue for three or four days. In the latter case, it frequently occurs that the patient regains his sensibility for a time, and then relapses into his former condition. Where inflammation of the brain follows the injury done by concussion, it may be that the primary effects of the concussion are entirely relieved, so that there is a considerable interval of sense before the inflammation shews itself. But it may be also that there is no such interval, and the symptoms of concussion, in this last case, are gradually and imperceptibly converted into those of inflammation.

Concussions of the brain, in almost every instance, occasion head-ache: sometimes a slight head-ache, which is speedily relieved; at other times an intense head-ache, which may remain for some days, a solitary symptom, after all other symptoms are vanished. Sick-

ness and vomiting for the most part are early symptoms, and seldom continue after the patient has recovered from the first shock of the accident. Of course there is no recollection afterwards of what occurred during the period of complete insensibility. The memory, however, is sometimes affected to a still greater extent; and the impressions made on the mind by the events immediately antecedent to the injury become obliterated. A groom in the employment of the Persian ambassador, in the summer of 1819, was engaged in cleaning one of the ambassador's horses, when he received a kick from the animal on the head. He did not fall, nor was he actually insensible, or stunned; but he entirely forgot in what employment he had been engaged at the time of receiving the blow. Being unable to account for the time which had elapsed, he concluded that he had been asleep: said so to his follow-servants, observing at the same time, that "he must set to work to clean the horse, which he ought to have done before, instead of going to sleep." A boy going down into the hold of a ship fell from a considerable height, and struck his head. He lay insensible, as it appeared from the observation of his shipmates, about half an hour, when he came upon deck without any assistance. Nevertheless, on the following day, all the circumstances of the accident had passed from his memory. Some time afterwards, when he was received into St. George's Hospital, I found that he knew nothing of the accident except from the report of others. He had not only entirely forgotten the accident itself, but he did not even remember his having gone down into the hold of the vessel before the accident, nor his having come upon deck afterwards: and he never regained his recollection on these points. Desault mentions the case of a man, who, after a blow on the head, at first had no recollection except of recent events: but afterwards a change took place, in consequence of which his memory failed him as to recent events, while he could remember those which had occurred in childhood.

A number of circumstances which it is unnecessary to enumerate, as every physiologist is well acquainted with them, tend to shew that the influence of the brain is by no means necessary to the action of the heart; which may,

under certain circumstances, continue uninterrupted, even after the entire removal of the head. Nevertheless, in cases of concussion of the brain, we generally find the circulation more or less affected; the pulse intermitting, irregular, feeble, perhaps scarcely perceptible, and the patient in a state approaching to that of syncope; and such may be his condition for a few minutes, or for the first four or five hours after the infliction of the injury. The connexion and sympathy which exist between the different parts of the nervous system, afford a reasonable explanation of this apparent anomaly, which, however remarkable it may be, is not more remarkable than the syncope which not unfrequently follows the first introduction of a bougie into the urethra, or that which is the consequence of many other trifling injuries of parts remote from the centre of the circulation, and exercising no direct influence over the functions of the heart.

In those cases in which concussion proves fatal, it appears to be this disturbance of the heart's action, which is the immediate cause of death. In general, when the patient has lain for some time in the state which has been described, a reaction of the circulating system takes place, and the pulse beats with greater strength in proportion as the failure of it was greater in the first instance. But where the shock has been unusually severe there is no such reaction. The pulse becomes more and more feeble, more irregular and intermitting; the extremities grow cold, and, at last, the action of the heart being altogether suspended, the patient expires. In some cases, even after reaction has begun to take place, it seems as if the constitution was unequal to the effort: there is another failure of the circulation, the result of which is the same as if the patient had never rallied from the beginning.

[To be continued.]

DEAF AND DUMB.

Abstract of the Report made by M. Husson to the Royal Academy of Medicine at Paris, on the method adopted by M. Itard for the cure of the Deaf and Dumb.

M. ITARD had presented to the Minister of the Interior three memoirs; the first

relating to the various methods employed up to this time for the cure of congenital deafness, and including those employed by the author himself during the course of a long practice; the second giving an account of experimental treatment adopted in nearly 200 cases, with the view of determining the advantages and disadvantages of injections through the Eustachian tube into the internal ear—a method which a recent report of the Institute would seem to recommend to public confidence; the third, in which, after combating the above process, M. Itard represents, as exclusively deserving of confidence, a medico-physiological method, calculated, according to his statement, to relieve a great many cases of congenital deafness. It is to the last of these alone that the present memoir refers.

We should form an erroneous idea of the state of the deaf and dumb, says M. Husson, if we supposed that they were all entirely without the sense of hearing: there are many among them who make no use of the sense indeed, because it can only be exercised by an effort of attention, which is painful. Now if these individuals be accustomed to methodical exercise of the faculty, which enables the ear by degrees to mark and compare different sounds, the sense is improved just as a weakened function is developed by gentle exercise. This was the idea which first led M. Itard, more than 20 years ago, to try on twelve deaf and dumb persons a series of exercises and experiments, the result of which was to restore, without operation or treatment, six of them to speech and hearing.

M. Itard had recourse at first to the most penetrating sounds, to stimulate the sense of hearing: he accomplished this by striking on a large bell, which he had suspended in the room; he diminished every day the intensity of the sound, either by removing the patient farther from the bell, or by striking it less powerfully. When he perceived that the hearing was becoming dull again, he suddenly roused it by one or two very powerful sounds, and passing immediately to weaker, had the satisfaction to find his patients as sensible to them as they had been before. At a later period, in order to keep up the excitability of the organ, M. Itard made the bell vibrate near the patient's ear, and gradually removed it, without ren-

dering the sound more intense. By these means he increased and kept up the susceptibility of perception, till sounds were heard at the distance of 25 feet, which could not be perceived at more than 10 feet when he began. These experiments were performed in a long narrow corridor—the patients were placed in a line, and along the wall was marked the point at which each ceased to hear; thus forming an exact scale or register of their progress.

But it was necessary also to teach the ear the power of determining the direction of sound. For this purpose he had a small bell, which he rung while he walked round his patients; and then made them, with their eyes bandaged, point to the spot whence the sound came. This they did at first with difficulty, but after a few days, with considerable facility.

To this set of lessons, which indicated the power of perceiving the direction of sound, succeeded another, the object of which was to make his patients sensible to a kind of musical rhythm. He took a tambour and beat upon it some slow and simple marches; after a few days his patients were able to do so themselves, marking the time with precision. To this instrument succeeded the flute, the sounds of which, from their analogy to those of the larynx, might form a kind of introduction to those of the human voice. After having taught them to hear these sounds, to judge of their distance, their direction, and their repetition, it was necessary to teach his patients to distinguish them from each other—to imitate them; in a word, to call the functions of the larynx into operation,—and this was the greatest difficulty which M. Itard had to overcome—a difficulty depending upon the two following circumstances:—First, there are very few persons entirely deaf; and, secondly, children born slightly deaf become as completely dumb as those who are entirely deaf. In the first, there is absolute absence of hearing, and, consequently, the larynx (so to speak) cannot *reflect* on the sound. The second, whether their deafness be natural or accidental, require to overcome it a degree of attention and study which cannot be expected of a child, and thus it passes into the same state as those who cannot hear at all. Thus, adds M. Itard, in order that our education may take place by sound,

it is necessary that the organ of hearing be perfect; when otherwise, it becomes as if it did not exist at all. He mentions, as an example, a child at the Deaf and Dumb Institution not differing from those who hear and speak, except in confounding the *e* mute with the vowel *e* and the diphthong *eu*. M. Itard has also remarked, that in Spain and Italy the *half deaf* may be instructed by an ordinary education, because the language of these countries is not loaded with the enormous number of mute syllables which exist in the French—syllables which such individuals do not hear, and which, therefore, constitute an insurmountable bar to their being instructed in the ordinary mode of education.

To bring those who are *naturally* half deaf to hear and speak like those who are so *from accident*, and who have been partially deprived of the sense of hearing, after the earliest part of their education had been completed, M. Itard adopts the following method:—Two young persons, nearly of the same age, one affected with congenital, and the other with accidental deafness of six years standing, were placed under his care: the former, partially deaf from birth, had received a particular education, according to the directions of M. Itard, and had learned, at the end of five years, to understand with sufficient ease words directly addressed to him, and to speak intelligibly; but his sentences were detached, without connexion, extremely simple, and slowly uttered—so that, although he spoke, he could not be said to converse. The other, on the contrary, partially deaf from accident, although less intelligent and more deaf than the other, and reduced like him to *direct* audition, was able to speak in a free, easy, animated manner, which only required the person with whom he conversed to be placed opposite to him, without either repetition of his words or raising his voice. M. Itard proceeded to determine, by various means, the part which the different senses had in producing the general effect, viz. how much depended really on the ear, how much on the eye, and how much on the intelligence. He soon found that with the latter the meaning of the sentence was the principal assistance; whilst the child naturally deaf was limited to the eye and ear. It was thus rendered obvious that

in such cases it is not sufficient to accustom the ear to distinguish vocal sounds, and the eye to judge of their visible mechanism; but that it is above all necessary to cultivate the understanding, to enrich the mind with the materials of conversation, to familiarise it with the combination of ideas and the signs which represent them.

According to M. Itard, absolute deafness is extremely rare—he admits not more than one-fifth to be so: that of the four others, two confound vocal with other sounds; and the two remaining hear articulate speech distinctly. Thus such individuals may be divided into four classes. In the first are comprised the deaf and dumb, who distinguish all the sounds of the voice when they are addressed to them directly, slowly, repeatedly, and in a loud tone. The second includes those who distinguish vocal sounds, both vowels and consonants, except such of these last as are similar—for example, *ba* and *pa*, *fa* and *va*; they likewise confound *o* and *ou*, *e* and *eu*. The third class is composed of those who confound all syllables, however dissimilar—such as the French words *pain* and *faim*, *gant* and *dent*; although they still have the faculty of distinguishing the vowels. Lastly, we have those who confound all vocal sounds, distinguishing them, nevertheless, from others—that is, they perceive the difference between articulate and inarticulate sound.

M. Itard observes, that to whichever of these classes the patient may belong, he frequently, by proper instruction, acquires one degree of improvement, but seldom two; and that the amelioration in those of the first class, to persons not accustomed to the subject, might easily be mistaken for entire restoration.

After demonstrating the great distance that exists between *direct* and *indirect* hearing—that is to say, between the faculty acquired by the deaf of understanding and repeating articulate sounds which are addressed to them, face to face, by the speaker; and the faculty of distinguishing by the ear alone similar sounds coming from different points—of originating ideas, and expressing them in regular sentences: after pointing out the difficulties in attaining this last point, it is shown that the *language of signs* is the only method of accomplishing this; for which purpose M. Itard recommends the patients

being placed in an institution for this express purpose, where they may be taught exclusively the use of signs without speech.

EMPROSTHOTONOS SUCCESSFULLY TREATED WITH INFUSION OF TOBACCO.

To the Editor of the London Medical Gazette.

Liverpool, June 1828.

SIR,

SINCE it must be admitted that naval surgeons have opportunities of noting the phenomena of disease, of truly ascertaining the effects of the remedies they employ, and of enforcing such regulations as are thought advisable, unequalled by those falling to the lot of any other class of the profession; it would be natural to suppose, that amongst those who contribute to the medical journals of the day, we should find not a few to be men of this description. But were this inference drawn, it would be from presumptive reasoning alone, and not in accordance with the fact; which appears to be, that comparatively few—very few of that class of the profession, contribute actively to the records of medicine.

In order to encourage such individuals to give their mite towards the improvement of the science they avowedly profess—without enquiring into the several operative causes which have hitherto restrained them from so doing, I send you the following case, not from its presenting any anomalous character, (indeed such cases are, comparatively speaking, useless) but as affording an interesting example of the diseases I met with during a late voyage to Calcutta.

H. S. one of the men before the mast, cut his fore finger with a blunt tin utensil, which laid the skin open to the first joint; but the wound, like most lacerated ones, (for it could hardly be called an incised one) bled little: the man, with a sailor's characteristic indifference, took little notice of it, and continued handling the ropes in the usual way, when it occasionally happened they were drawn through the wound. The consequence was, the finger began to swell, and give acute pain; when he came to me and had the wound cleaned; a dressing of the resin ointment laid upon it, and a smart purgative ad-

ministered. It was supposed he would be comparatively well the next day: during the night, however, I was called up, and found him in his hammock, with his head and body bent forwards, complaining of an excruciating pain at the lower end of the sternum—an inability of assuming the erect posture, &c. &c.; in a word, labouring under *emprosthotonos*. The swelling of the finger, although exceedingly painful, was still circumscribed, and I proposed to amputate at the second joint, thinking there would be little chance of an abatement of symptoms until this was done. The man, however, declining in the first place to submit to the operation, the muscles of the neck were well rubbed with an opiate linament; a drachm of the tincture administered internally, and a poultice was applied to the finger. In a few hours the symptoms became still more severe, and the following means were adopted.

Amputatio digiti.

V. S. ad 3xxx.

R Tabaci. folior. 3j. Aq. Bullient. ʒiv. M. fiatque infusio, cujus sumat dimidium statim, et reliquum post horas duas.

The first dose induced nausea, with a marked alleviation of the sternal pain; the second dose, both vomiting and purging, with still greater relief; suffice it to say, after two doses more of a similar infusion, there were no symptoms remaining of the *emprosthotonic* state, but merely that sense of stiff-soreness in the pectoral and cervical muscles, which I believe generally succeeds relaxation of the spasm.

This case occurred near the Equator, in hot, damp, muggy weather, at the change of the monsoon; all which circumstances have been remarked as favourable to the accession of traumatic tetanus, and similar affections. Whether the speedy recovery in the above case is attributable to the amputation, or the effects of the tobacco, (administered, as this was, in unusual quantity) would admit of dispute; suffice it to give my own opinion, which is this, that although no doubt the former was of great service, inasmuch as it carried away the exciting cause of the mischief, still I cannot but think the latter had a most happy effect upon the disease itself, aided no doubt in its operation by the laudanum.

I have the honour to remain,

Your obedient servant,

WM. ALEXANDER,

EXTIRPATION OF THE RIGHT LABIUM.

To the Editor of the London Medical Gazette.

SIR,

IF you consider the following case of sufficient interest, I shall be obliged by your inserting it in your valuable Journal.—I remain

Your obedient servant,

EDWARD YOUNG, Surgeon.

Hawkhurst, Kent, June 17th, 1828.

A lady, æt. 39, married, and mother of several children, of a delicate habit, had suffered much inconvenience, during the last seven years, from an enlargement of the right labium pudendi. Upon examining the tumor, I found it as large as an ostrich's egg, in shape pyriform, of the hardness and weight of schirrhus. There was no enlargement of the glands in the groin. Under these circumstances, I determined to remove it, and the operation, which was performed in the presence of Dr. Naylor, consisted in cutting through the base of the tumor with a single stroke of a broad knife. One or two small branches of the arteria pudendi externa required ligature. The tumor was found to weigh two pounds; when cut into, it resisted the knife, and was almost cartilaginous. The wound has healed remarkably well, and the lady is now almost recovered.

FALSE CHARGES AGAINST MESSRS. VINCENT AND EARLE.

To the Editor of the London Medical Gazette.

SIR,

A MOST base and calumnious attack has been made in the *Lancet*, of Saturday last, on Messrs. Vincent and Earle, for supposed neglect of duty, in the official discharge of their functions, as surgeons to St. Bartholomew's Hospital. The acrimony and bitterness of the accusation seem principally directed against them, respecting their conduct towards their pupils and dressers. The accusation resolves itself into two parts. First: Messrs. Vincent and Earle neither describe the diseases of their patients, and cause such description to be written down; nor do they direct the

treatment employed to relieve or remove such diseases, to be recorded for the information of their pupils. Secondly: they refuse to give clinical instruction to those pupils who accompany them through the wards. This is evidently implied in that part of the letter where the writer points out Mr. Lawrence as an example for the other surgeons.

As to the first part of the charge: on Saturday, after reading the statement alluded to, I took a walk through the hospital to see if these things were so; and, as I anticipated, discovered the whole to be a base fabrication, for which there was not the shadow of foundation. Of the whole of Mr. Earle's patients, there was not one whose disease was not accurately described, and the treatment as correctly recorded. I remarked this fact to some pupils who were standing by, and who are now ready to bear testimony to the same, if called upon.

Among Mr. Vincent's patients, I found six or eight, the names of whose diseases were not stuck upon the boards; but Mr. Vincent had neither seen nor examined them, as they had been received into the hospital after his last visit, and consequently no blame can attach to him. But the fact is, the mode of treatment, whatever it may be, must be accurately described, otherwise it cannot be adopted. The prescriptions of the surgeon must be written out on pieces of paper, attached to the boards suspended by the patients' bed-side, otherwise the patients cannot obtain the medicines, as the apothecary has no other directory to guide him in making them up. It is, therefore, quite impossible for any part of the treatment to be omitted, as the circumstance of its being ordered is necessarily anterior to its being obtained and applied. This is known to all dressers and pupils, and of course to the writer of the letter alluded to. But what are we to think of the publication which admits, and is in the habit of admitting, such articles? The rashness and impetuosity of youth may be urged and admitted in apology for the author; but where shall we seek a plea in extenuation of the publisher of such a production; and that, too, when he is as perfectly satisfied as I am, that the letter at which he grasps so greedily, and sends forth into the world in such haste, possesses no claims whatever to credit? For, had he entertained

a doubt on the subject, he might have satisfied his own mind, by taking half-an-hour's walk through the hospital.

With respect to the second part of the accusation, I have only to observe, that it is as groundless as the former. I challenge this unworthy son of Saint Bartholomew to produce a single instance of either of these gentlemen refusing to communicate any information they are possessed of to any student who has applied to him. I would appeal to the candour, honour, and honesty of this pupil; qualities in which I am afraid he is deplorably deficient; I would ask, does he not feel any compunction for such ungrateful conduct towards Mr. Earle, who is so kind and so attentive to the pupils? who has done, and is still doing so much for their improvement and instruction; who seems to have no other occupation, no other desire, than that of advancing their interests; and who spends so much time in explaining to them points of practice which he considers of importance, or upon which they may feel anxious to be informed.

The pupils and dressers feel justly exasperated against the author of this production; and if it be possible to discover him, they have determined to drive him with indignation from among them. I would merely observe, that if he does not keep very quiet, he shall find St. Bartholomew's rather hot, particularly during the summer months.

But this is not all: Messrs. Vincent and Earle are accused of absenting themselves from the post-mortem examinations. I did not know before that it formed any part of the duty of the surgeons to attend on these occasions; I have, therefore, to express my obligations to the writer for this piece of information. In other hospitals, I know, it is considered the business of the house-surgeons. Since, however, the neglect of it has been made a ground of accusation, I would reply, that they attend quite as often as Mr. Lawrence, who it would appear is, in this, as in all other matters, the model of perfection.

But, you will say, why write this long letter to me? Why not administer the antidote where the poison has been diffused? I answer, that from the shameful malignity which the *Lancet* has uniformly displayed towards these gentlemen, particularly Mr. Earle, I could not hope for a fair and impartial hearing.

Besides, candour and fair dealing are terms with which the *Lancet* seems very imperfectly acquainted; and with the spirit and sentiment of which, God knows, its pages are as sparingly imbued as is any publication of the day. To say the truth, however, sir, I consider it an important part of the duty of the *Medical Gazette* to correct and neutralize the poison so industriously disseminated by that periodical. From this consideration, the respectable portion of the profession—those of talent and worth—have broken up the unhallowed connexion with the *Lancet*—have hailed with peculiar satisfaction the appearance of the *Medical Gazette*—rejoice in its prosperity, and entertain the strongest assurances of its success. A work conducted on the principles of the *Lancet*, cannot long continue: history and experience furnish us with no examples to justify the supposition. It is fast approaching a state of extreme emaciation. Disease and death seem strongly shadowed forth in its countenance. You may observe the most unequivocal symptoms of decay and dissolution. Mr. Lawrence is the only distinguished individual in this city who clings to its interests, and props its falling fortunes. But it is all in vain. Its funeral knell shall soon be heard; and a few convulsive pangs will bring exhausted nature to a close. “Alas! poor *Lancet*; dust thou wert, and unto dust thou shalt return.” What a mass of disease must the *sectio cadaveris* exhibit; or, to speak without a figure, what an ample field for the moralist and the casuist, upon which to exercise their respective powers, in examining the character, estimating the motives, and marking the ravages of this moral hydra.

Yours, most truly,

A BARTHOLOMEW PUPIL.

June 19th, 1828.

ANALYSES & NOTICES OF BOOKS.

“L'Auteur se tue à alonger ce que le lecteur se tue à abrégé.”—D'ALEMBERT.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society. Vol. XIV. Parts 1 & 2.

[Continued from page 119.]

Cases of Tumors in the Abdomen, arising from organic disease of the sto-

mach, with Remarks. By EDWARD J. SEYMOUR, M.D. (Sec.) Physician to the Asylum for Recovery of Health, &c.

DR. SEYMOUR remarks, that the cases of organic disease of the stomach, related by authors, have generally been detected during life by the symptoms which have been considered universally as essential to the complaint; and where a tumor has been discovered, it has been so from the presence of those symptoms having called the attention of the practitioner to the probability of its existence. These symptoms are usually “pain in the region of the stomach, aggravated on taking food; frequent vomiting, sometimes mixed with blood, often occurring about half an hour after solids or fluids have been swallowed; sensation of weakness; occasional syncope. As the disease advances, the vomiting increases in frequency, and resembles coffee in colour; and there are often accessions of hectic fever, with great emaciation.”——“In a great number of cases there is a remarkably exsanguine appearance in the countenance, even early in the disease.”

That these symptoms do not always exist, is proved by the second and third of the cases detailed by Dr. S. In the former of these, a tumor, about the size of an orange, was discovered, on the 14th of March, 1827, just below the umbilicus, to the right side; this increased rapidly, and on the 2d of October following the patient died. The early symptoms were water-brash, and great debility; the latter ones were chiefly extreme debility, frequent syncope, and great emaciation. At no period was there pain or vomiting; the appetite and digestion continued unimpaired, and there was no tenderness on pressure. On examining the body, the tumor was found to be formed by the stomach, at the pyloric half, and to be of the nature of fungus hæmatodes. The whole interior surface was ulcerated, and portions of the tumor projected into the cavity of the stomach. In the thickest portion of the stomach (the anterior) several abscesses were found, one of which had been opened during life, and had discharged fetid sanious pus.

In the third case, a tumor was also discovered during life, but there was no pain, except on very forcible pressure; there was no vomiting after food,

though at one period the food appeared "to stop at a particular spot (the cardia) for three or four hours," and the appetite continued unimpaired. There was great debility, and an exsanguine appearance: at first the patient was much troubled with costiveness; his bowels then became regular, but latterly he had diarrhoea, under which he sunk. At the pylorus a tumor was found, as large as a man's fist, and nearly globular, situated principally at the anterior and lower portion. At the outer part the tumor was hard and white, but on the inner surface there was ulceration, "and a sloughy mass was exposed, having a cavity in the centre, communicating with the cavity of the stomach, and having irregular projections of a dark brown or blackish colour."

Both of these diseased appearances are illustrated by beautiful lithographic plates. In each of the cases above-described, tubercles were also found in the liver; in the former, in a crude state; in the latter, in a very advanced stage of development, exactly the tumors described by Laennec and Andral, under the name of "*tumeurs encephaloides*;" "and," says Dr. S., "there can be little doubt that the disease in the stomach, and that in the liver, are of the same nature, modified only by the structure in which they are found."

Many authors have related cases of the simultaneous existence of this organic disease in different structures, as the brain, liver, kidney, bronchial glands, lungs, and uterus; one variety of which, in the latter organ, has somehow or other obtained the name of "cauliflower excrescence." In the third case related by Dr. S. there was a deposition of the same morbid matter in the transverse branches of the vena portæ; a similar occurrence has been described by Mr. Langstaff and others.

Dr. Seymour proceeds to ask, "what, then, is the nature of the disturbance in the due performance of the laws of the economy, in its circulation, absorption, or secretion, which immediately precedes the formation of these diseases?"

"It appears to me to present none of the ordinary phenomena of inflammation, nor is its termination in any manner similar to the terminations of that morbid process as far as they are at present understood, as effusion, supuration, deposition of lymph, or hepatis-

ation. It arises often without the unfortunate patient being aware of its commencement, and proceeds without pain, redness, or swelling, or heat of the affected part, these not being observed until its size, or encroachment upon neighbouring parts, produces secondary attacks or alterations in contiguous textures, which rouses the attention of the patient. The exsanguine appearance of the patient, even at a very early period, and the uncommon depression of vital power which he experiences, would lead to the belief of a constitutional cause; either an alteration in the constituents of the blood, from which these diseased products are separated by the ordinary secreting power of vessels, or from a morbid alteration in the secreting powers themselves, or from both of these causes."

Dr. S. concludes his very interesting paper with some remarks on the treatment of these diseases, where the usual symptoms *are present*, and relates two cases where the prussic acid was of much service in relieving the pain and vomiting, when all the usual remedies had entirely failed, such as bleeding, leeches, blisters, opium, conium, belladonna, &c. Where vomiting and pain are not present, Dr. S. advises liquor potassæ in large doses, from the benefit which was experienced in the case which we have first epitomized. Rest appears essentially necessary.

Observations on Depositions of Pus and Lymph occurring in the Lungs, and other Viscera, after Injuries in different parts of the Body. By THOMAS ROSE, M.A. &c. &c.

THE object of this paper is to draw the attention of the profession to depositions of pus and lymph, which take place after operations, and considerable wounds of any kind. Mr. Rose refers to Desault, and other French writers, who have particularly described, and probably considerably over-rated, the frequency of cases in which abscesses are found in the liver, after injuries of the head; but, on the other hand, the author is of opinion that the subject has been too much neglected by English surgeons. In 1813 Mr. Rose, being then with our troops in Spain, communicated to Sir James M'Grigor the fact of his having, in several instances, met with abscesses after ampu-

tations, and other wounds of the extremities. These depositions have occurred under his observation in the lungs, liver, and spleen; nor has he been able to discover any peculiarity of constitution connected with them.—Many took place in young, robust individuals, who, from the nature of the original accident, had been treated on the strictest antiphlogistic plan throughout; while in others—as compound fractures—the strength of the patient had been supported after the primary inflammation had subsided. In all these cases the abscesses were formed at some period between the end of the second and fifth week after the receipt of the injury. They are thus described:—

“The affections of the viscera, to which I have referred in this paper, have a peculiar character; and it appears to me that this may, in some degree, be accounted for by the rapidity wherewith, in the state of the constitution during which these abscesses occur, any congestion or inflammation, in whatever part it took place, would be followed by effusions of purulent fluid and of lymph. It is at the time when the parts in which the injury took place are in a state of suppuration; and in particular when, from the nature of these parts, or from the confinement of the matter, great irritation of the system has been for some time kept up, that such internal abscesses are apt to form; and it often happens, as is remarked by Bertrandi, that they have not been discovered until a post-mortem examination. But although constitutional disturbance, evidently referable to an unfavourable state of the wound, has in all the cases which have come under my observation preceded the formation of these visceral diseases, yet a favourable change has often taken place in the wound before the symptoms of the internal abscess have begun to manifest themselves; and we are sometimes able to detect the existence of the latter by the presence of rigors and other symptoms of suppurative fever, at a time when the wound itself is disposed to heal.

“The examination after death of those who have been affected with this disease, presents appearances which are well worthy of notice, though it is not easy to convey a correct idea of them in words. The disease consists, apparently, of depositions in the cellular texture of the affected organ, partly

of a white or yellowish-coloured lymph, and partly of pus. These depositions vary in size from beyond the bulk of the largest walnut to something less than a common pea. Where the lymph is most abundant, they may be described as a soft white tubercle of irregular shape, not contained in a cyst, but imbedded in the cellular substance of the part, and gradually blending with its natural structure. When pressed, some pus exudes from them. Where the pus collects in greater quantity, it is lodged in an irregular cavity, probably in the middle of some of the tubercles, and the walls of the abscess are formed of flakes of lymph. The number of these tubercles and abscesses vary in different instances, there being sometimes only one or two, and sometimes the whole viscus being filled with them. In the lungs they are chiefly formed in the parts adjacent to the pleura pulmonalis, and there is often at the same time an effusion into the cavity of that membrane of a sero-purulent fluid mixed with lymph. In the liver and spleen they are dispersed throughout the substance, sometimes shewing themselves in one or more yellowish patches, not elevated, on the convex surface of the great lobe of the former viscus, and at other times lodged in its substance. The parts adjacent to them shew evident marks of increased vascularity.”

The only rational explanation—if explanation it can be called—of the formation of these depositions, is to attribute them, with Desault, to disturbance of the nervous system. When once formed, they are almost invariably fatal.

Four cases are given in illustration, in which abscesses and lymph were formed in different organs, and after entirely dissimilar injuries; and in an appendix to the paper, several cases are detailed by Mr. Lawrence, confirmatory of the description and statements of Mr. Rose.

Observations on a peculiar Inflammatory Disease of the Eye, and on its Mode of Treatment. By WILLIAM WALLACE, M. R. I. A. &c.

IN some preliminary remarks on the pathology of inflammation generally, Mr. Wallace observes, that although the removal of the morbid distention of

the capillaries is frequently the only requisite, with the assistance of the natural resources of the part, for the cure of inflammation, yet that the removal of such distention is but one element, and that often a very secondary one, in the treatment of inflammatory diseases, as it is clear that this distention must depend primarily on an alteration of the vital properties of the capillary vessels; an attention to which, must be a great object in the treatment of many inflammations. It is, without doubt, by some inexplicable relation of this kind, acting on the altered properties of diseased parts, that the remedies known as specifics operate; and as we can calculate upon the action of these, as of mercury in syphilis, sulphur in scabies, and bark in ague, it is evidently a great object, in extending the resources of medicine, to increase our knowledge of such agents as exercise a specific influence over particular diseases. Such appears to be the view in which Mr. Wallace is inclined to regard the mode of action, importance, and value of cinchona, in the treatment of a "peculiar inflammatory disease of the eye, occurring after fever, and in which he considers it a specific." (291.)

The affection of the eye has two very distinct stages: during the first, amaurotic symptoms alone exist; in the second there are added symptoms of inflammation. A similar distinction is observable during the amendment; it uniformly happening that the inflammatory symptoms subside a longer or shorter time before the amaurotic symptoms disappear. The duration of the amaurotic symptoms, prior to the occurrence of the inflammatory, is very uncertain, as well as the period after the fever at which they commence: it may be with the convalescence, or weeks or even months afterwards.

"When a patient presents himself labouring under the disease, his aspect is peculiar, and, when once seen, is afterwards easily recognized. To those who have witnessed the venereal iritis, it may be observed, that there are many points of resemblance, as well in the style of the countenance, as in the appearance of the diseased organ. There is often that haggard and worn aspect; that sickly, mottled, pallid hue of skin; that sleepy, exhausted, and oppressed appearance of the eye, which is much more easily observed than de-

scribed. The patient only half opens the lids of the affected organ. They are of a purplish red colour, and tumid. Their subcutaneous vessels are preternaturally enlarged. The vascularity of the sclerotic and conjunctiva is greatly increased. The vessels of the former describe a reticulated zone round the cornea, and those of the latter run in a direction more or less straight to the edge of this membrane, and sometimes appear to pass on the edge. The hue of the redness is peculiar; it is a dark brick-red. The pupil is generally much contracted, and its edge thickened and irregular. The iris is altered in colour, generally greenish, and incapable of motion. There exists a suffused dimness of the cornea, which may be compared to the appearance glass assumes when it has been breathed upon. There is often a turbidness of the aqueous humor, and a pearly appearance of the parts behind the iris may be observed by looking through the pupil. There is great intolerance of light, and a copious, hot, lachrymal discharge. The vision will be found, for the most part, so extremely imperfect, that the patient can merely distinguish light from darkness, and he is often tormented by flashes of light, which shoot across his eye, and these occur more particularly in dark places; or he is troubled by brilliant spectres, or by the constant presence of *muscæ volitantes*. There is very considerable pain, which returns in paroxysms, and these are almost always more severe at night. The pain is sometimes referred to the ball of the eye, sometimes to one of the lids, sometimes to the temple, or to the circumference of the orbit. It is, one while, compared to the action of a saw on the bones, and on other occasions, to the darting of a sword through the eyeball.

"This disease occurs as frequently in the male as in the female. The youngest patient, of whose case I have a note, was 10 years of age, and the oldest 36 years. It seldom attacks both eyes, and the right eye suffers more frequently than the left. Of forty cases, which I have noted, there were only four who had the disease in the left eye, and only two who had it in both. The general health seldom appears to be much deranged. The tongue is, for the most part, slightly white. There is often considerable thirst, and the pulse is somewhat accelerated. The bowels are

frequently confined, and there is occasionally a disposition to nausea. The disease has occurred more generally in those who have been the subjects of relapse, but the period at which it takes place after the first attack of fever is extremely uncertain. In some it has appeared immediately, and others not for months. Sometimes a state of apparently full health has intervened between the attack of fever and the commencement of the inflammatory disease of the eye. On other occasions, the general health has seemed imperfect from the time of the fever, until the occurrence of the ophthalmic affection."

Mr. Wallace is inclined to regard this inflammation of the eye as commencing in the choroid coat, and extending from this to both retina and iris. The affection of the organ to which it has most resemblance, is the venereal iritis; and this resemblance is often so striking, that the one cannot be distinguished from the other without particular attention to the history of the case, and to the concomitant symptoms.

The influence of bark over this affection (discovered by the fortunate contingency of a patient, with it and ague, getting well of both under this medicine) is most remarkable, and the author's language leads one to the belief that he considers it quite infallible. At first he did not venture to employ the bark, when the inflammatory symptoms were very severe, without promising bleeding and purging: but latterly, whenever a case presented itself, bark alone was given, or simply with such medicines as regulated the bowels, and with the most decidedly good effects. Indeed Mr. W. thinks that abstraction of blood has, on some occasions, retarded the cure.

Previous to the discovery of the efficacy of bark, the affection had been treated, like the venereal iritis, by mercury, and, as he had full opportunities of observing, with ill consequences on many occasions. On this point he is at issue with Mr. Hewson, who has represented it as curable by mercury; but in whose account Mr. W. asserts there must be some error—for, on the other hand, the curability of the disease by bark, when the mercurial treatment has failed, has been ascertained, by himself and others, on many occasions. It seems to have been generally given in the form of powder, a teaspoonful, or

a drachm, three or four times a-day; or in the form of sulphate of quinine.

The author supports his statements by a number of cases, classed under the head, first, of those where mercury had been employed in vain; and, secondly, of those where this mineral had not been used; this division being separated into such cases as were not submitted to treatment until the inflammation had commenced, and those which were treated during their amaurotic stage.

MEDICAL GAZETTE.

Saturday, July 5, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Ar-
is Medicæ* tueri; potestas modo veniendi in pub-
licum sit, dicendi periculum non recuso."—CICERO.

ERYSIPELAS.

IN our last number we gave a full, and, we trust, a correct analysis, of Mr. Lawrence's paper on Erysipelas; in doing which we confined ourselves, in conformity with our general plan, to a digest of the opinions of the author, not interrupting the narrative by matter of our own. There are, however, some points on which we differ from Mr. Lawrence; and as recorded opinions become public property, we look upon them as affording legitimate subjects for discussion in our Journal, particularly when the interest of the doctrines themselves, or the eminence of those by whom they are advanced, renders them objects of general attention.

Mr. Lawrence is of opinion, in common with many others, that erysipelas, in all its forms, is but a modification of inflammation, and that whether produced by external or internal causes, it is still the same—the varieties it manifests depending upon accidental circumstances; he likewise holds that it is unattended by any peculiar debility, and is to be treated with blood-letting, and other general antiphlogistic means; while in the severer forms, the local treatment is

to consist of incisions extending the whole length of the inflamed part.

The impression left on our minds, after a careful perusal of the arguments adduced in support of these positions, is, that Mr. Lawrence has drawn his conclusions from cases of erysipelas resulting from wounds—not from that form of the disease where there has been no local injury, and which almost invariably attacks the face and head, without any apparent cause why these parts should be affected more than any other. Now we look upon these affections as presenting characters essentially different; and although the author argues that they are the same, yet several expressions which he incidentally makes use of, seem to be at variance with this idea. Thus he tells us, that when erysipelas attacks the face, it is not attended “with that serious inflammation of the subcutaneous structures” which occurs elsewhere; and again, “the disease in this situation has a tolerably regular course, ending either in resolution, vesication, or desquamation;” for which reasons Mr. Lawrence refers it to the head of “Simple Erysipelas.” Yet it is acknowledged that in this instance the “simple” form of the disease is often attended by very great constitutional disturbance—much greater, in fact, than the local inflammation can account for: so that Mr. Lawrence is obliged to have recourse to another explanation, asking, “should we not expect, *à priori*, that erysipelas of the head would produce much more severe sympathetic effects than that of a limb?” But in this form of the disease the fever and constitutional disturbance generally *precede* the local affection; and where this happens, the “brain, participating in the inflammatory excitement of the contiguous and connected parts,” fails to explain the phenomenon, inasmuch as the parts alluded to are not yet inflamed. When for three days before the eruption, in a

severe case of small-pox, there is intense fever, does any one venture to suggest, as an explanation of this, that the brain is sympathising with the future eruption?

Mr. Lawrence says, “the facts collected by Dr. Wells, Dr. Stevenson, and Mr. Arnott, clearly prove that erysipelas of the face is sometimes contagious.” All these cases, with one ambiguous exception (the first case mentioned by Dr. Wells), are instances of erysipelas of the face from internal causes.” We have ourselves likewise seen several instances of a similar nature—for example, we have known an individual twice attacked with erysipelas of the face, each time being within ten days after having visited a person labouring under that disease. Mr. Lawrence, aware that to admit one form of the disease to be contagious without the other would go far towards proving a difference between them, endeavours to do away the force of this argument, 1st. by expressing doubts with regard to the contagious nature of either form, and, 2dly. by extending that attribute to both. Thus we are told (p. 31) that erysipelas is a disease “the contagious nature of which is, to say the least, very doubtful;” and again, (Note, p. 25), that certain observations “clearly prove that erysipelas of the face is sometimes contagious.” Now having made this last admission, notwithstanding his previous doubt, our author proceeds to adduce evidence that not merely “erysipelas of the face from internal causes,” but that form likewise which originates in external injuries, is contagious. He states that he has lately met with an instance in which erysipelas, “caused by a seton in the neck, seems to have affected two individuals by contagion.” On turning to the case in question, we find (page 131) that a man who had a seton in the neck became affected with erysipelatous inflammation round the wound,

which spread over the head and face; that he returned home in a fortnight, "the inflammation not being quite at an end:" his wife and child slept with him—the latter had a scald on the leg, round which "a slight blush" made its appearance, and extended upwards and downwards. At the end of two days the child was brought into the hospital. Next day his wife was affected with inflammation of the throat and swelling of the tonsils, for which she also was received into the hospital; and "in a few days she went out nearly well." Her husband was still ill, "but the erysipelas had ceased." She now slept in a separate bed in the same room. Next day her throat was worse, and she returned to the hospital, and had erysipelas of the face.

There will, probably, be different opinions as to the degree of proof afforded by these cases, that erysipelas from local injury is contagious. With regard to the first, it is obvious that "a slight blush" round a scald scarcely requires the intervention of this cause to account for its appearance, particularly when we know that erysipelas is so frequently epidemic. While with respect to the mother, it is remarkable that when she slept with her husband, "the inflammation not being quite at an end," she should have escaped; and that when she did not sleep with him, and "the erysipelas had ceased," she should have caught the disease. In answer to this, perhaps it may be argued, with some justice, that the sore throat with which she was originally affected, was the first manifestation of the erysipelas. Should this argument be used, however, and indeed under any circumstances, the case must be looked upon as one strikingly illustrating the difficulties of "cutting short" this form of the disease.

The preceding observations also bring us to remark, that the frequency with which the throat is inflamed, in erysipelas of the face, is another pheno-

menon, connecting that form of the disease more closely with the exanthemata, in which the mucous membranes of this and the adjoining parts are so generally implicated. In erysipelas, the affection of the throat is frequently overlooked, amid the severity of the other symptoms—but in some cases it is so severe as to be loudly complained of. It does not bear any proportion to the severity of the eruption; being sometimes severe where this is slight, and diminishing as the skin becomes affected. We believe that, if looked for, it will generally be found at some period of the disease, and to a greater or less extent.

We are told, that "vigorous treatment in the beginning, will often cut the attack short;" and six cases are mentioned in illustration. We have read these cases, and find that not one of them presents an example of erysipelas from "internal causes;" they are all instances of inflammation connected with external injury. It is true that, in one, the inflammation was situated in the face; but then it arose, and "slowly developed itself," from the wounds made in removing two tumors, one over the parotid and the other in front of the ear. From this enumeration of cases, we infer, as before-mentioned, either that Mr. Lawrence has not seen many cases of erysipelas unconnected with local injury, or else that, as in the case above mentioned, he has failed "to cut the attack short."

For these reasons, taken collectively—namely, the disease not being attended with the same severity of inflammation; the constitutional disturbance being proportionally greater; its preceding the eruption; the disease running "a tolerably regular course;" its being "sometimes contagious;" its being frequently attended with inflammation of the throat; and there being no instance mentioned by Mr. Lawrence in which the attack has been cut short;—

we say that, for these reasons, we look upon erysipelas of the face, not arising from local injury, as a form of disease so different from that which is immediately dependent upon some external cause, as to render the reasoning applied by Mr. Lawrence to the latter inapplicable to the former, especially as regards the effects of remedies. We believe that erysipelas of the face is capable of being mitigated by judicious treatment, precisely on the same principle as small-pox, or any other of the exanthemata; none of which, we know, can by any treatment, however active, properly speaking be "cut short."

Mr. Lawrence, while he acknowledges an affinity between erysipelas (we presume he alludes especially to that of the face) and the exanthemata, endeavours, nevertheless, to point out certain marks of distinction between them. Thus we are told (page 18) that the latter are "confined to the skin," while the former attack "both skin and cellular structure." This position, however, is incorrect, and the alliance is closer than our author is willing to allow. The exanthemata are not confined to the skin, for, as a general rule, they implicate the mucous membranes; nay, in some instances, their local manifestation is confined to these—for example, in cynanche, without cutaneous eruption from the contagion of scarlatina. Again, they do affect "cellular structure." Tumefaction and effusion are mentioned as proofs of this being concerned in erysipelas;—and have we not equal evidence of the cellular membrane being affected in small-pox?—the example *par excellence* of an exanthema.

The author is at a loss to discover "those marks of debility which some have so much insisted on." Now this is a very important statement, as it is calculated to have a direct influence upon our treatment; particularly if taken in conjunction with the idea of

cutting short the disease. Here, too, we have the misfortune to differ with Mr. Lawrence, our experience being decidedly in accordance with the general opinion. We have seen erysipelas treated both by the antiphlogistic and stimulating plans; and are fully impressed with the conviction that debility, after a period which varies in different cases, becomes a more prominent and important feature in this than in simple inflammation, whichever method of treatment has been adopted. In saying this, however, we by no means advocate the early and indiscriminate adoption of the tonic plan; on the contrary, we are satisfied that antiphlogistic means, by moderating the severity of the disease in the majority of cases, saves, instead of exhausting the strength. But, on the other hand, there are some cases of erysipelas where stimulants (particularly ammonia) become necessary even from the commencement; as an illustration of which, we may allude to those instances which sometimes occur in persons whose constitutions are worn out by long continued venereal complaints, in which mercury has been largely and injudiciously administered.

The only other circumstance to which we shall allude, is the practice of incisions in phlegmonous erysipelas. There are two points of view in which these have been considered: first, whether the practice, in any form, be efficacious; and secondly, the propriety of the practice generally being admitted, to what extent the incisions ought to be carried. The first is easily settled: all surgeons, whose opinions are of any weight, are agreed that, *in certain forms of the disease*, this practice gives the most speedy and effectual relief. There may be differences of opinion as to the precise length of the cuts, but, in the true spirit of their art, they are all of one accord that incisions of some kind must be made. Still, however, the remedy is a very severe one, which

ought not, and in private practice, we venture to say, which cannot be had recourse to, except under circumstances of urgent necessity.

As to the length of the incisions, it appears quite impossible that any fixed rule should be laid down. We can easily imagine cases in which one cut, clean through the inflamed part, will be most eligible; but this must be when the inflammation is not very extensive. When the whole, or greater part of a limb is affected, we should imagine the smaller, but more numerous incisions of Mr. Hutchison, or the yet gentler operation practised by Dr. Dobson, if not more effectual in relieving the local disease, would, at least, be less fearful to the patient and his friends, and more free from the danger of fatal hæmorrhage. Mr. Lawrence details four cases in which death followed the incisions, though he does not appear to attribute the fatal result to their employment.

Upon the whole, our impression is, that considerable misapprehension has gone abroad, with regard to the opinions advanced in the paper alluded to, and which, when it was read before the Medico-Chirurgical Society, gave rise to such lengthened, and, unfortunately, to rather angry discussions.

While, on the points above mentioned, we differ with the author, at the same time we fully concur in his general recommendation of the antiphlogistic treatment. But, with regard to the extent to which bleeding is to be carried, and still more with respect to the length of the incisions, we think that Mr. Lawrence, with a natural partiality for what has been so keenly contested with him, over-values their advantages; and that others, free from this bias, in admitting the *occasional* necessity of adopting, to their full extent, the measures he recommends, will, as a *general* rule, considerably narrow the limits of their application.

COLLEGE OF PHYSICIANS *versus* HARRISON.

THIS cause came on last Thursday, in the Court of King's Bench.

Sir James Scarlett, for the prosecution, stated that the College of Physicians have, by virtue of their charter, the power of calling before them, for the purpose of examination, all those physicians who practise in London, and within seven miles thereof; and of levying a fine of five pounds on those who refuse to obey the summons. That such was the case with Dr. Harrison, who denied their authority, and expressed his desire to try the question in a court of justice.

Evidence of practice was then called, prescriptions of Dr. Harrison put in, and his various letters (formerly published in the Gazette) were read.

Mr. Campbell, for the defendant, denied the validity of the charter; which being over-ruled by the Court, he then proceeded to argue that his client, in the case brought forward, practised *surgery*, not *medicine*, and that the College of Physicians had only jurisdiction over the latter. In short, the defence set up was, that *Doctor* Harrison was a surgeon, not a physician.

Lord Tenterden, in summing up, adverted, in strong terms, to the palpable inconsistency between the letters of Dr. Harrison, in which he throughout speaks of *physicians* and *medicine*, without, in one instance, alluding to himself as a *surgeon*, and the defence now made.

The Jury, however, apparently guided exclusively by the case which had been adduced, brought in a verdict for the defendant.

The case made out by the College was extremely weak, only one instance of practice being proved, and that, too, of a surgical nature. At the same time Dr. Harrison, although he has gained the cause, has only done so by sacrificing all the principles set forth with so much pretension. He has gained his cause—but he has effected this only by virtually acknowledging the power which he denied. He began as an independent *physician*, asserting the rights of a whole body; he has ended as a *surgeon*, and has saved his money at the expense of his consistency. The defence was a mere subterfuge; and the question which Dr. Harrison professed it to be his intention to set at rest, remains—precisely where it did.

A REPLY TO THE ANSWERS MADE
TO THE QUERIES CONCERNING
THE FIFTH PAIR OF NERVES.

*To the Editor of the London Medical
Gazette.*

SIR,

I HAVE read in the last number of your Journal, the answers, by "Philaethes," to certain queries concerning the fifth pair of nerves, and I find that he refers to the writings of Mr. Mayo for information. I was surprised that he, at the same time, makes the extraordinary assertion, that Mr. Mayo discovered the analogy which exists between certain nerves of the face and those of the spine; and *that one twig imparts motion, and a second imparts sense, to the same muscle.*

I had always before conceived that this was the grand foundation of Mr. Charles Bell's discoveries in the nervous system; that it was to him, and not to Mr. Mayo, that we were indebted for proving the distinct properties of the roots of the spinal nerves; that it was to him also we owed our knowledge of the important fact that, among the nerves of the head, the fifth pair is the only one which, in all respects, resembles those of the spine, both as regards its structure, and its possessing double functions; and I also thought, in respect to the nerves of the face, that it was Mr. Bell who explained the distinct offices of the portio dura of the seventh pair. However, to investigate this unexpected claim set forth for Mr. Mayo, I did refer, according to Philaethes' advice, to the works of that gentleman.

I began with the first number of his Anatomical and Physiological Commentaries; and there I found—not that Mr. Mayo had discovered the spinal to be double nerves, nor that he was even acquainted with the fifth pair having double roots, (for he formally describes the anatomy of this nerve, and never alludes to this important feature of it)—but I found that he was engaged in reviewing Mr. Charles Bell's first paper on the nervous system, published in the Philosophical Transactions, and obviously with no very friendly intent.

Now in that paper (even as it is quoted by Mr. Mayo himself), it was Mr. Bell's object to prove, that the spinal nerves and the fifth pair had one common character, and that they form-

ed one class. The reasons Mr. Bell has assigned for classing these nerves together are stated to be—first, that they are the only nerves of the body which arise by double roots, and have a ganglion formed upon one of them; second, they all possess two distinct endowments, by virtue of their having double roots—one root bestowing muscular power, the other sensibility. But further than this, Mr. Bell has, in the same paper, proved, from making these prior discoveries, the foundation of a very important principle—that there is a variety of other nerves, possessing distinct qualities from the above spinal or symmetrical system, which he has accordingly classed separately.

Instead of finding Mr. Mayo taking any share in these discoveries, or claiming any merit for them, which Philaethes led me to expect, I find the classification proposed by Mr. Bell, together with all the conclusions derived from it, are most sweepingly combated and rejected by that gentleman. Witness the last sentence of his paper:—"It remains for the reader to decide whether Mr. Bell's experiments are satisfactory, or bear out his inferences; whether the latter, coupled with my former observations on the five 'respiratory nerves' of this author, leave his theory tenable; and, perhaps, finally to determine, whether there exist in the whole of Mr. Bell's Essay, after the deduction of his controvertible statements, more than one correct inference. I here allude to Mr. Bell's experimental confirmation of an opinion which, at the beginning of the 18th century, occurred to Dr. Blair, on his minute examination of the proboscis of an elephant, viz. that the infra orbital nerves are nerves of touch."

There cannot, surely, be another hardy enough to assert that this Dr. Blair had anticipated Mr. Bell in the extraordinary series of facts announced in his paper, and which has excited the attention of the profession of every country in Europe.

Being convinced that Philaethes was totally ignorant of the manner in which Mr. Mayo was connected with these researches—that he was doing that gentleman an injury by making it appear that he asserted any claim to a share in discoveries, which belong entirely to Mr. Bell—I thought it needless to refer to any more of the works recommended by him. On look-

ing, however, into Mr. Mayo's second paper, I found that Mr. Bell is not once even so much as alluded to. Much was I astonished, therefore, when I saw that those very facts and doctrines which, in the preceding number, Mr. Mayo had denounced as untenable, were now thought worthy to be brought forward by him as his own original discoveries. He tells us, at page 8, that the fifth pair of nerves has two roots; and, moreover, that he has discovered an analogy to exist between it and the spinal nerves.

Let me take the liberty of examining how he has arrived at this very important result. Having explained the anatomy of the fifth pair of nerves, and remarked that Soemmering had formerly noticed that it has two roots, which join together like those of the spinal nerves, he proceeds:—"By this analogy I was led to conjecture that the double roots of the spinal nerves have functions corresponding with those of the fifth; and that the larger posterior portion of each spinal nerve, with its ganglion, belongs to cutaneous sensation, and the anterior branch to voluntary motion. When I was engaged in experiments to determine the fact, M. Magendie's were published, which establish the justness of my conjecture."—(p. 8.)

This sentence was surely written previous to the disclosures which proved that M. Magendie had only repeated the same experiments which were published many years before by Mr. Bell.

It appears Mr. Mayo has appropriated to himself two things—1. the discovery of the double functions of the fifth pair of nerves; and, 2. the sagacity of having very nearly discovered that which he has conferred on M. Magendie, viz. that the anterior roots of the spinal nerves bestow voluntary motion, while the posterior bestow cutaneous sensation. Now these are, perhaps, without exception, the most important discoveries that have ever, at any time, enriched physiology. Let us see on what foundation Mr. Mayo has assumed this merit to himself. It is well known that Mr. Bell's attention was drawn to the roots of the fifth, from having discovered the distinct functions of the roots of the spinal nerves. But were we to rely on this assumption of Mr. Mayo, *he* had discovered that the fifth nerve was a double one: and, by inference from this, he was just about to discover that the spinal nerves were

also double, when, he says, he was anticipated by M. Magendie. He drew his opinion, then, from certain experiments. Now these experiments are exactly those which Mr. Bell had previously performed on the nerves of the face—viz. cutting the fifth and seventh nerves; the results of which declare nothing more with regard to the fifth, than *that it is merely a sensitive nerve*. It was not only improbable, but I maintain it was impossible, that Mr. Mayo could infer the functions of the spinal nerves, from what he then knew by experiments on the fifth.

Again, Mr. Mayo says that he observed a portion of the fifth passing the ganglion, and therefore concluded that this was a muscular nerve. Who was it, I ask, that taught him to look on it as a matter of importance whether the portion passed the ganglion or not? Who was it that taught him the importance of a ganglion at all, and that it was the mark of a nerve of sensibility? How was he brought to look differently upon these facts from those celebrated anatomists who had described them all before him? For, let it be remembered, that neither Mr. Bell nor Mr. Mayo have described any thing regarding the fifth, *anatomically*, that was not previously known to all good anatomists. The double origin of the fifth, its ganglion, the passing of a portion of the nerve, without interfering with the ganglion, the distribution of this portion to the muscles of the jaws and cheeks—are all accurately set forth in descriptions and in plates. How, then, did Mr. Mayo draw the conclusions from these facts, which men of acknowledged celebrity and ingenuity had failed to do? I reject the explanation of Mr. Mayo, that, because he had found the two roots, he had therefore found the double office of this nerve. No such inference had been drawn by all those who knew these circumstances; and I see no course of reasoning that could lead him to the conclusion, but the analogy pointed out by Mr. Bell between the spinal nerves and the fifth pair, and the leading principle that distinct origins give different properties.

Mr. Mayo has said he has discovered that the three branches of the fifth nerve which come out upon the face, are the nerves of sensibility (p. 7). This is a most extraordinary assertion to have ventured upon, when we know that Mr. Bell's paper, delivered to the

Royal Society, to prove this very circumstance, had been long before the public. But let us suppose, for a moment, that he had proved this. He comes to the dissection of the fifth, and he finds a portion passing the ganglion. He concludes, therefore, that this is a muscular nerve; that is to say, having proved that a part of a nerve is for sensation, therefore another part of the same nerve is for motion! How can Mr. Mayo reconcile this? What course of reflection, or analogy, was in his mind, that could lead him to this conclusion? He had no reason to suppose that a different root possessed a different power, for he had rejected that explanation of Mr. Bell. He could not have taken it from M. Magendie, for he says he had anticipated that physiologist. Sæmmerring, and the other German authorities, knew these facts; but they never conceived that the different roots of the fifth gave different powers. It is, therefore, for Mr. Mayo to explain why he did not take the suggestion of Mr. Bell, that double roots gave double properties; or why, knowing it, he had not, as it was his duty, promulgated it.

In the first paper, Mr. Mayo rejects the facts and the conclusions drawn from them by Mr. Bell; and in the second, he assumes them as his own.

I am,
Your obedient servant,
A PUPIL OF WINDMILL-STREET.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Venæsection, followed by Inflammation of the Vein, and Death.

THOMAS FULLER, ætatis 21, an athletic man, and a "traveller" by occupation, was admitted into this hospital on the 18th of June, under the care of Dr. Hewett.

It appears, by the report in the ward-book of the above physician, that the patient laboured under general anasarca and a dry cough, which had followed some exposure to wet and cold, about three weeks previous to admission. He was ordered submuriate of mercury, with pil. cambog. and antimonial wine; and had twelve or fourteen ounces of blood abstracted from the arm. In the evening the bleeding was repeated, though not to the same extent, as faint-

ness was induced on the loss of a smaller quantity. He was bled on both occasions from the same opening, in the median cephalic vein of the right side; and the blood which was taken last was somewhat buffed.

The chest affection was in some degree relieved, but on the 21st he complained of pain, with a little tenderness, in the arm, which was evidently swollen. The lips of the puncture were adherent; the integuments around a little red; the pulse 112, rather full and easily compressed; the tongue white; the bowels costive.

Blue pill and scammony, with aq. ammon. acetatis; a scruple of acetate of potash; and a drachm of syrup of orange-peel, were directed to be taken every six hours: sixteen leeches were put upon the arm, and a poultice afterwards applied.

22d.—He obtained some rest during the night, and the rigors have not returned. A red streak is observed upon the fore-arm, running downwards from the puncture towards the wrist, in the direction of the cephalic vein, which is painful upon pressure. There is neither pain, discoloration, nor tenderness, in the arm or the axilla. The bowels have been freely opened, but he has been attacked with vomiting of green and bilious-looking fluid.

Magnesiae Ust. ʒj. Pulv. Tragacanth. c. 3ss. Liq. Potas. ℥xij. Syrup. Althææ ʒij. Aq. Ment. Vir. ʒx. T. Opii ℥ij. statim, et omni horâ repetend. quamdiu perstet vomitus.

Hirudines xij. brachio.

Vesp.—Vomiting continues; pulse 96; full, but compressible.

R Calomel. grs. v. Opii gr. i.

On the 23d the condition of the arm was more alarming. The lips of the lancet-wound were apart, and gave issue to a sero-purulent discharge, which continually oozed out; the whole fore-arm was extremely swollen; red lines passed upwards and downwards from the puncture, in the course of the cephalic, the median-cephalic, and median veins; the fore-arm was tender to the touch, and so was the arm itself as high as the deltoid muscle. Pulse about 96; no pain whatever in the chest, but cough on a full inspiration; no enlargement of the axillary glands.

Mr. Rose was requested to-day to see the case, and immediately made a free incision into the cavity of the vein, en-

larging, as it were, the original puncture, and giving issue to a mixture of serum, pus, and blood. The coats of the vessel were found to be extremely thickened. The pain was relieved by the opening which was made, and the tenderness of the arm on pressure was diminished.

Vespere, 9 o'clock.—During the afternoon there was a free discharge of blood, and on making pressure on the cephalic vein, from the shoulder downwards, puriform matter oozes from the wound. Pressure towards the acromion scapulæ, as well as on the edge of the axilla, causes pain, though no enlargement is perceptible.

R Hydrarg. Submur. grs. v. horâ somni, et post horas tres, si vigil sit.

24th.—A second hæmorrhage from the arm, more copious than the first, occurred during the night, and was stopped by pressure. The arm is greatly swollen, but not preternaturally red; the whole body puffed and bloated, and its surface of a yellow bilious hue; the pulse innumerable rapid, weak, and small; the senses wandering; the countenance cadaverous, and expressive of intense anxiety. He answers hurriedly to questions, that he has no pain at all in any part; no dyspnœa; little cough. At 6 P.M. he died.

Sectio Cadaveris.—In the right side of the thorax, there was about a pint of discoloured serum, and extensive, though not very recent, adhesions of the pleuræ. In the left cavity, the same appearances were noticed in a less degree. The lower lobes of both the lungs were fleshy and consolidated, but the right was decidedly more so than the left. The mucous membrane of the bronchi and trachea was injected, and the pericardium contained more water than it should do. There was a general disposition to fluidity in the blood, and the lining of the left ventricle, as well as the internal coat of the thoracic and abdominal aorta, were stained of a cherry tint, which was evidently owing to transudation.

The liver was enlarged, the gall-bladder filled with bile, which required an unusual amount of pressure to force it through the cystic and choledoch ducts into the cavity of the duodenum. Both the kidneys were in a slight degree enlarged, and so highly congested, both in the cortical and medullary portions, as to resemble the spleen in colour.

On examining the arm, a reddish

line was still observed, extending from the puncture down the fore-arm to the outside of the thumb. The cutaneous veins of the other arm were likewise marked by a discoloured streak, but the tint was different, and had more obviously the appearance, in the latter case, of a cadaveric stain. On removing the integuments, and exposing the superficial vessels, it was found that the median cephalic, in which the puncture had been made, was greatly thickened in its coats; as was the cephalic trunk, as high as the insertion of the deltoid. On laying open its interior, the cephalic presented, on its inner coat, the marks of inflammation, to within two inches and a half of its junction with the axillary; above which point, no appearance of disease could be discovered. Very little pus existed in the veins, having probably been washed away by the hæmorrhage which occurred on the night before the patient's death. The cephalic trunk, *below* the spot where the median cephalic joined it, was inflamed on its inner surface, and its cavity, in one part, plugged up by coagulable lymph. This part of the vein was comparatively little thickened. No adhesions had been formed between the coats *above* the puncture, so that there was left a free and unobstructed channel for the escape of the blood from the axillary trunk.

The median basilic was thickened and inflamed, and the basilica itself, for a little distance up the arm, shewed traces (fewer and feebler, indeed,) of the inflammatory action. The cellular membrane around the brachial vessels was injected, but the vessels themselves were sound.

The different ramifications of the median vein were involved, though slightly, in the general inflammation.

There are several circumstances in the case deserving of remark. In the first place, it may be noticed how rapidly the symptoms of prostration and depression supervened; a characteristic feature of inflammation of the coats of veins. The thoracic inflammation, particularly on the right side, where it was most acute, we must suppose to be in part a sequence of the affection of the vein, as, in the generality of cases of phlebitis, after venæsection, it has been found to have occurred. A patient was admitted into the hospital last year, who had swallowed oxalic acid, and he had nearly recovered from the effects of

the poison when he was ordered to be bled. Inflammation of the vein (the median cephalic) supervened, and the patient died. On dissection, the cephalic vein was filled with pus and lymph, and marks of the most intense pleuritic inflammation were discovered in the side of the chest corresponding to the arm he had been bled in. In two of the cases recorded by Mr. Hodgson, the same appearance was observed; and in the instance of phlebitis of the thigh, reported in our last, the pleuræ were inflamed, and abscesses forming in the lungs.

Is it not a little singular, that whilst pathology demonstrates the pre-existence of the highest inflammatory action, the symptoms should have been such as *apparently* to contra-indicate depletion? Are the symptoms, then, fallacious, or is there something in phlebitis different from the rest of the phlegmasiæ? It is a most important question, both in principle and practice; and we have neither the wish nor the power to moot it. In the early stage of the disease, we should certainly imagine that more energetic depletion might be had recourse to than is generally the case.

The disposition to fluidity in the blood, and staining of the vessels, is a curious, but not uncommon, post-mortem appearance in phlebitis.

RICHMOND HOSPITAL, DUBLIN.

Two depressed Fractures of the Skull—Luxation of the Os Femoris—Recovery.

JAMES CONROY, aged 11, was carried to the Richmond Hospital on the 29th of May, at 7 P.M. Upon examination he was found to have two depressed fractures of the cranium; one situated in the frontal bone above the right eye, the other in the upper and anterior portion of the left parietal bone. The right os femoris was luxated on the dorsum of the ilium; and to this part he referred all his pain, though there were severe bruises in various parts of his body. No sickness; pulse 45; quite clear in his intellects. He was admitted under the care of Mr. McDowell.

The patient stated that he and his brother were that morning, about 10 o'clock, amusing themselves, in search of sea-birds' nests, among the cliffs of Lambay. While hanging from a piece

of projecting rock, at the height of some hundred feet above the shore, he lost his hold, and was pitched obliquely from one projecting point of rock to another, till he reached the bottom. He was not stunned: he got on his legs, and washed the blood from his head with sea-water; but after attempting to walk a little, he fell, unable to proceed. The water-guard, stationed at Rush, perceived the fall, and came speedily to his assistance. They conveyed him to Malahide, where his wounds were dressed by a surgeon, who advised him to be carried into town, without delay, to the Richmond.

11 o'clock P.M.—Since his admission he has dosed a little. Pain of the hip severe; some pain in the head; pulse 80: no sickness; bled to $\frac{3}{4}$ x. The head kept moist with cold lotions; fomentations applied to the hip.

May 30.—Slept a little during the night. By the application of the pulleys, the dislocation of the femur was reduced; after which he felt himself greatly relieved, and fell asleep. Some pain in the head. Ordered a bolus of calomel and jalap; 12 leeches to the temples; and infusion of roses, with sulphate of magnesia, every 4th hour.

31st.—Three motions. Restless during the night—raved. Tongue furred and white. Thirst; some vomiting; pulse 108. Twelve more leeches to the forehead, and effervescing draughts every 4th hour.

June 1st.—Complains of great pain in the hip. Tongue white; pulse 114. Passed a restless night. V. S. ad $\frac{3}{4}$ vij.

2d.—Slept well last night. One motion; pulse 94; tongue loaded; great tenderness of the scalp. Ordered eight leeches to the head; two pills of calomel, and cathartic extract.

5th.—Continues to rest well. Bowels free; pulse 106. Eight leeches to the forehead.

10th.—Pulse 106. Considerable tenderness of the scalp on the left side below the injury. Hirud. viij. p. d.

12th.—Pulse 96, jerking; bowels rather free.

20th.—Since the last report the patient has been gradually improving; and is now able to walk in the garden of the hospital every day.

ST. THOMAS'S HOSPITAL.

Helminthia Spuria cured by Injection of Ol. Terebenthinæ.

JUNE 19th, Abraham Mantile, æt. 35,

admitted under the care of Dr. Elliotson. Has, for six years, occasionally found small reddish worms in his stools, and sometimes they have even crawled from him; has, during the above period, had more or less of his present symptoms—viz. itching at the anus, gnawing pain at the pit of the stomach, (increased by abstinence, and relieved by a full meal,) a considerable, though not ravenous, appetite, and frequent head-ache; he has also become much emaciated. He had not seen any worms for ten or twelve days. He was ordered to have this injection daily:

R. Ol. Tereb. \mathfrak{z} ij.

Decoct. Avenæ, q. s. ut fiat CEnema.

20th.—The clyster brought away a copious dark-coloured, semifluid, and clayey stool, which contained no worms.

21st.—No worms yet; gastrodynia and head-ache relieved.

24th.—Has had an injection every day, but no worms have appeared; all the symptoms much less.

26th.—So much better, that he was discharged this day.

This case, on the first perusal, may appear trivial; yet it appears to the writer that several important conclusions may be drawn from it. The patient had, for a long time, been subject to ascarides, and to all the symptoms which usually attend them; these symptoms he had when admitted, and it was, therefore, concluded that the rectum was still infested by these troublesome guests. A vermifuge was so given as to act directly on the part in which they were supposed to be lodged, with the intention of removing them: under the daily use of this, as it is generally considered a purely local remedy, not a single worm was brought away, and yet all the symptoms, direct or sympathetic, vanished, and the patient was cured.

From these facts, may we not conclude that there is a state of the intestinal canal favouring, or perhaps causing, the production of worms?—that the various symptoms of itching of nose or anus, gastrodynia, inordinate appetite, head-ache, and emaciation, which are usually considered as the effects of the presence of the animalcula, are indications of the derangement which produces them; and that the remedies which relieve the symptoms, and cause the worms to be evacuated, do, in reality, operate only remotely on the

latter, by bringing the intestinal canal into such a state as is inconsistent with their existence?

Whatever may be thought of these opinions, the case unquestionably proves that a disease *resembling* helminthia may be cured by a vermifuge; and it makes it probable that many anomalous cases of dyspepsia, accompanied by symptoms which we usually find with worms, may be cured by the remedy used so successfully in the above case.

Excrescence from one of the Semilunar Valves of the Aorta.

This was found in the heart of an old man, who was brought into the Hospital to be cured of ague. He had not a single symptom of any cardiac affection, nor of any derangement of the respiratory apparatus, until the day of his death, when he was seized with difficulty of breathing, and died in about twelve hours. The bronchial passages were filled with frothy mucus, to a degree quite sufficient to cause death, without any other disease.

The excrescence was about the size of a split chesnut: it was of a greyish green colour, appeared composed of small globular granules, and had a feel resembling that of caoutchouc: it was rather easily lacerated. It had a flattened base, of the same colour, but of a closer texture. Immediately behind the excrescence, and therefore under the valve, was a considerable cavity, which had precisely the same dimensions as the base of the former. This cavity appeared to be a dilatation of that which naturally exists behind the valve, and had no communication with the ventricle. There was a very minute body adherent to the next valve, which a little resembled the larger one in its texture.

GUY'S HOSPITAL,

Removal of a Tumor from the Axilla.

A steatomatous tumor was removed by Mr. Callaway, on Tuesday, July 1st, from the axilla of a woman, aged 30. The tumor had first been discovered 10 or 11 years before, and was then of very small size: it had increased gradually until a few weeks before her admission, when in a short time it acquired a great accession of magnitude, and became softer.

Five days before the operation it had

the following character :—It was the size of a large fist ; was broader at its base than any other part, and tapered off towards the point, which was rounded. It had this shape, however, only when the arm was on a level with the shoulder, for when it was raised above the head the tumor became nearly globular. It felt very soft, resembling a bladder half filled with oil ; but on placing the finger and thumb on each side of the base, and drawing them forwards, a harder central part was felt, apparently granulated.

Operation.—Two curved incisions were made, having their concavities turned to each other, and meeting at their extremities, so as to inclose a portion of integument four or five inches long, and one and a half wide, in the broadest part. The mass was then dissected with great neatness and precision from the integuments, and the surrounding cellular membrane, being easily separated, except at the posterior part, where it adhered firmly to the latissimus dorsi. It was found to be composed of a great number of cysts, enclosing a soft fatty matter ; the cysts were of all sizes, from that of a bean to that of a pullet's egg, and were connected together by loose cellular membrane. The whole mass removed might weigh nine or ten ounces. The sides of the wound were brought together by strapping, and covered with a small compress and roller.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

METHOD OF TREATING THE RANULA.

M. DUPUYTREN observes, that in this disease there are two indications to fulfil ; the first is to give issue to the fluid contained within the tumor, and the second is to prevent the occlusion of the opening, and, consequently, a return of the disease. Since neither a simple incision, caustic, nor excision, will succeed in these cases, M. Dupuytren has invented a little instrument, to be placed within the cyst as soon as it is opened, which consists of a small hollow cylinder of silver, through which the fluid is discharged ; this cylinder is four lines long and two broad, and is terminated at each extremity by an oval plate, slightly concave on its outer side, and convex on the side by which it adheres to the cylinder. One of these little

plates is inserted in the cavity of the tumor, and the other is within the mouth ; this instrument is, therefore, similar in shape to the two-headed buttons sometimes used to fasten shirt sleeves. Subsequent experience has induced M. Dupuytren to vary the shape of the instrument a little. The cylinder is now made solid instead of hollow, which is found to permit the escape of the viscid discharge much better, and is not liable to be obstructed by particles of food. The edge of the outer plate (that in the mouth) being found to interfere with the under surface of the tongue, it was made smaller, and the shape changed from round to elliptic, and the edge was bent back. This instrument may be made of gold, silver, or platina ; the latter metal is to be preferred. M. Dupuytren details six cases in which this plan had perfectly succeeded in preventing any return of the tumor.—*Archives Générales.*

SUPERFŒTATION.

This, which has so long been an object of dispute, has now been cleared up in a most incontestible manner. An instance is related by M. Castes, in which a mare having been successively covered by a stallion and a jackass, gave birth to two individuals, each of a different race.—*Journal of Veterinary Medicine.*

SINGULAR LESION OF THE SPLEEN.

Dr. Westman relates the case of a young woman, 28 years of age, whose menses were suppressed in consequence of impeded perspiration. A short time afterwards she experienced colics, and an enlargement of the abdomen. This was followed by hæmorrhage from all the openings of the body. This ceased, but then a hardness began to be felt in the left side ; and afterwards, the abdomen was distended by an effusion of serum into its cavity. The menses, after having re-appeared, became a second time suppressed ; and a return of hæmorrhage, but much more violent, ensued, which terminated the patient's life. On opening the body, the liver was found in a state of atrophy, whilst the spleen had become very large ; this viscus, reduced to a gelatinous mass, inclosed three bony connexions, one of which was two inches and six lines in length.—*Journal Comp.*

WHITE SPECIES OF IPECACUANHA.

A quantity of this root has lately been imported from Rio Janeiro, and analyzed by M. Vauquelin. It appears to contain the same principles as the common species, but the quantity of emetine is not above one half. This fact is necessary to be known in prescribing it medicinally.—*Journal de Pharmacie*.

OBLITERATION OF THE AORTA AT THE FOURTH DORSAL VERTEBRA.

Professor Meckel relates, that in the month of January, during a very cold wind, a countryman, 35 years of age, robust, and who had constantly enjoyed good health, was suddenly seized with weakness whilst carrying a load to the market at Berne: not being able to proceed, he was conveyed to the hospital: in a few hours this state of syncope disappeared, but it was followed by vertigo, that lasted for several days. An affection of the stomach succeeded, with pain in the chest; total loss of appetite, and frequent bilious evacuations; but there was no irregularity of the pulse, nor other prominent symptom. On the 16th day the patient appeared perfectly cured; he got up about the middle of the day, went towards the fire, and dropped down dead. On opening the chest, the pericardium was observed to be full of black blood, from a rupture of the right auricle, which was at the same time somewhat thicker and softer than natural. The great dilatation of the ascending aorta forbade the passing in an injection that way, as had been proposed; therefore, the left subclavian and carotid were tied, to prevent the reflux of the fluid, and the pipe was inserted in the innominate. The injection was believed to have failed; and the subject, which had been intended for demonstration, was put aside; but, on opening the abdomen, the vessels were found to be filled, and the lower extremities were also injected towards the feet. In pursuing his researches, the professor found the aorta contracted immediately below the arterial ligament. In this point, the diameter of the vessel was scarcely that of a common straw. At the same time, a beautiful net work of arteries was seen between the arch, and the posterior branches of the descending pectoral aorta.

VETERINARY MEDICAL SOCIETY.

At the meeting of this Society, held at Mr. Youatt's Veterinary Theatre, in Nassau St. on Wednesday, June 25th, no fewer than seventeen new members were admitted, consisting of nine respectable practitioners residing in the metropolis and its environs, and eight from distant parts of the country; and who were anxious to be enrolled with those who, free from party spirit, were honestly devoted to the pursuit of truth, and the improvement of the veterinary art.

While the objects of this Society are what its members affirm, and we believe—science, mutual improvement, and friendly intercourse—we heartily wish them success. It is an institution much wanted in the present state of veterinary knowledge, and we trust that we shall have some valuable reports to give of their proceedings.

LITERARY ANNOUNCEMENT.

WE are enabled to state, that an entirely new Catalogue of the Library of the Medical Society of London is preparing for the press by Mr. Field, the Registrar of the Society. This gentleman has for some months been assiduously engaged in the examination and collation of all the works of this valuable Library, which contains about 20,000 volumes; the publication of the Catalogue will be most acceptable to the members of the society, and to the medical public in general.

BOOKS RECEIVED FOR REVIEW.

Castle's Lexicon Pharmaceuticum, or Pharmaceutical Dictionary. Second Edition. 1828.

E. Cox and Son's Catalogue of Second-hand and Scarce Medical Books. 1828.

NOTICES.

WE are obliged by the note of "A Young Practitioner," but it is not of sufficient importance for publication.

"Amator Veritatis" is inadmissible. We cannot notice the Lancet except on particular occasions.

Dr. Paul's paper in our next, if possible. We shall be happy to hear from him again.

"A Friend to good Surgery" must, we think, be satisfied that the notice taken of the case he alludes to is sufficient: a hint is often better than a direct statement.

"M. D." must excuse our not inserting his last letter: the controversy seems to us to have gone far enough already.

"E." a little modified, in our next. The H. R. will be very acceptable.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 32.]

SATURDAY, JULY 12, 1828.

[VOL. II.]

ESSAYS ON SYPHILIS.

By JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 102.]

IN my last essay I adduced some proofs, in my opinion quite conclusive, that the venereal disease had been noticed in Europe at least ten years before the return of Columbus from the discovery of America; that it had then begun to excite serious uneasiness, on account both of its virulence and novelty, the former being sufficiently evinced by the death of several eminent persons in consequence; among whom may be reckoned Francis the 1st, Henry the 3rd of France, and the Duke of Modena; the latter by the numerous and conflicting explanations of its origin, and the causes of its invasion at that particular period. A much more difficult task, however, awaits me in endeavouring to point out the real source of the infection; it is, in fact, a Gordian knot, which not being able to untie, I must endeavour to cut; first observing, however, that I am not the only medical writer who has been glad to escape from this dilemma by the same short route. I will, therefore, mention to you a few of the opinions that have been held from time to time on this point. Sydenham supposes the venereal disease to be a native of Africa, and that it does not in reality differ essentially from the yaws: others, believing that it has been known in Hindostan from time immemorial under a name implying its origin from Persia, are of opinion that it is an Asiatic distemper; though there are not wanting authorities who deny this assumption,

and affirm that it was conveyed to the East Indies from Europe by the Portuguese. Sprengel, who has bestowed much pains and displayed great learning in this research, is inclined to think that syphilis is a product formed from the combination of elephantiasis with the plague that ravaged Europe in the 15th century; whilst Swediaur, in direct contradiction to the tenor of his previous arguments, ends by suggesting, that perhaps syphilis may have travelled all round the globe; that it may have been nearly extinct in one country whilst raging in another, and that such as it was when it began to spread itself in Europe in the 15th century, it had infected humanity several thousand years before in Persia, in Thibet, and Hindostan; in short, the only point he seems to contend stoutly for is, that it was not brought from America to Europe. Now it is not unfair, I think, to presume, that when four or five different explanations of the same event are given, that nothing in reality is known about the matter—a remark that appears to be peculiarly applicable to this research: all we can truly assert, is the improbability, or rather the impossibility, of its having been derived from America, because that is contradicted by dates and historical facts, which cannot be perverted at pleasure; and the probability of its having been first noticed among the Spaniards, and carried by them into the more southern parts of Europe. I shall not pursue this fruitless search any farther, but proceed to acquaint you with some of the theories of the first writers, as to the causes of its invasion, and then describe the symptoms from the writings of eye-witnesses, and more espe-

cially from the accounts of those who experienced its attacks in their own persons: but here again we shall find ourselves involved in a labyrinth of contradictions and absurdities, especially when I come to relate the different modes in which the disease was communicable, according to the testimonies of former ages. In laying before you this evidence, the great difficulty I have to encounter is the selecting from among such a crowd of authors; but, of the earliest writers, (those who published between the years 1498 and 1508) I have quoted chiefly such as either from situation or acquirements are most particularly deserving of attention, or those who detail only what they themselves have seen, or experienced in their own persons. The first remarkable circumstance that strikes us in this research is, that the most ancient writers, such as Peter Maynardus, Marcellus Cumanus, Grunpeck, and others, with one consent ascribe the disease to the malignant influence of the planets; and they go so far as to assert that its approach was predicted at least twenty years previous to the date of their labours; and here, if my object were only to amuse, I might quote such a mass of absurd jargon, such deep and unintelligible astrological learning, that one is at a loss which to admire most, the folly of those who wrote it, or the infatuation of those who read, and believed in its truth. The first author who sought for a rational explanation of the phenomena was Nicolas Leonicens, who published his treatise in June 1497: in this work he ascribes the invasion of the *morbis gallicus* to the inundations which had deluged Italy about that time, and though after him each new writer starts some fresh theory, we hear but little of the dreams of astrologers.

It has been asserted by many modern authors, who echo the stories told by their ancestors, that the mode in which the venereal disease was communicated then differed very materially from that which is now solely recognized: we are informed, that at first, it was so contagious as to be caught by means of the clothes, by touching an infected person, by a kiss, or by even breathing the same atmosphere; and yet if the original authorities are consulted, it will appear that this belief was not held in the first instance; for Marcellus Cumanus, who wrote in 1495, declares, that when he

was encamped with the Venetian army at Novarro, (which John Howard has mistaken for Navarre) he saw many of the squires and foot soldiers of the lords of Milan, who suffered with pustules on the face and over the whole body, commonly beginning under the prepuce, or upon it, or on the penis itself, at first appearing like millet seeds, and with a trifling itching. This author mentions buboes also, which indeed, under these circumstances, could hardly fail of being sometimes present. A very few years later Alexander Benedictus of Verona, in speaking of the dreadful nature of this infection, observes, "*Muliebras partes pudendas infestare miserabiliter cœpit morbus gallicus, unde illud prostitutarum virus totum orbem infecit, tanta earum partium foeditate, ut quacunque blandiori veneri proci facili arcerentur: videres fœminas ore venerem pulchritudine superantes, quæ suo foedissimo amplexu, infinitos libidine intemperantes sera penitentia afflixere.*" It will scarcely be necessary for me to suggest to you how many motives may have contributed to foster the belief which soon after this time began to be spread abroad, that impure commerce between the sexes was *not* the only mode of taking the disease; but even Gaspar Torella, who was physician to Cæsar Borgia, and dedicated his first work on the *Pudendagra* to that prince, although he says that it was most commonly caught by contact, yet, as if afraid that he had admitted too much, adds, that it may possibly be acquired in other ways, such as from bad diet; but it is curious enough to perceive, that in the relation of his cases we find the modern legitimate way of taking the disease always recorded; for example, speaking of one of his patients, he says, "*Rem habuerat cum muliere habente pudendam;*" of another, "*per viam contagionis fuit infectus;*" whilst a third acquires the disease by sleeping in the same bed with his afflicted brother. Thus, also, Montagna the younger, writing to the Cardinal Viceroy of Hungary, who was then labouring under the complaint, very cunningly declares it to proceed from an epidemic disposition of the atmosphere; but he adds, with great truth, that it always begins in the parts of generation. Alexander Benedictus also, who was present at the action at Foro Novo, where the combined forces

of the Venetians, and other Italian princes, were defeated by Charles the 8th, on his return to France from Italy, in the month of July 1495, distinctly says, this new disease arose in the parts of generation: his words are these: "on this account (the nervous structure of the penis) from the venereal congress, a new, or at least a disorder hitherto unknown to the physicians, called the French disease, was brought to us from the west, by the malignant influence of the planets, and broke out at the time these affairs were going on, &c." I quote this passage because Swediaur has affirmed that none of the early writers had the least notion that the parts of generation were concerned in the first invasion of the disease; and he mentions this very writer, Benedictus, as an authority to that effect. In the first years of the 16th century, Cataneus gives us, among the proximate causes of the disease, either coition, or sleeping a long time with, or drinking after a diseased person: and later in the same century, we find, that among the articles of accusation against Cardinal Wolsey, it was urged that he, being infected with the venereal disease, had whispered in the king's ear. In the succeeding century, however, the conviction of its being communicable by the commerce of the sexes alone, becomes nearly as well established as in the present day; so that we may, without much hesitation, attribute the belief of its epidemic qualities to have arisen either from the credulity of the times, or more probably, as an easy method of avoiding the scandal and disgrace that would necessarily have attached itself to the numerous dignified sufferers, many of whom were ecclesiastics of the highest rank.

I know that the possibility of the venereal disease having been communicable in various other modes has been a favourite opinion of some recent authors; and that they have urged, in support of this doctrine, the parallel instances of the yaws, the sibbins, and of a new disease which has lately appeared in Canada, an account of which was published by Dr. Bowman: but it seems to me that none of these instances are at all in point; for in the first place the yaws has been described from the first as a contagious disease, in the common acceptation of the word; and it never has been believed, nor is it now thought,

that connexion between the sexes is necessary for its production; it is only possible to be communicated once during the person's life, in all which particulars the sibbins and the Canadian disease agree with it; so that, in order to render this argument of any force, it should be shewn, either that the yaws and sibbins differ now from the descriptions formerly given of them, or that the venereal disease is still to be caught by conversation, touching the person or clothes, or breathing the infected atmosphere, as was formerly said to have been the case. I should not have thought it necessary to have bestowed so many words on a point which appears to me to be perfectly untenable, if it were not that in reading some modern treatises, the above arguments are insisted upon; and I would not have it supposed that I have overlooked them from ignorance, or because I conceived them incapable of being answered.

I now proceed to detail some of the leading symptoms of syphilis, as recorded by the most distinguished and eminent writers within the first forty years after its invasion, and I shall select them from the writings of Marcellus Cumanus, of Gaspar Torella, and John de Vigo: these authors describe the appearance of small pustules on the genitals, attended with some degree of itching, followed in a few days by violent pains in the arms, legs, and feet, attended with large pustules, or ulcers, and which were cured with difficulty, sometimes lasting a twelvemonth or more: the bones became affected with swellings, the hair fell off, the eyes were sometimes destroyed, as well as the nose; the mouth and throat were ulcerated, the uvula corroded; and, finally, the disease killed, rather by inducing some other complaint than by the mere force of the symptoms themselves; and when it had once become confirmed, a palliative cure only could be obtained. Thus it will be perceived, that excepting in the rapidity of the march of the disease, the principal features were the same in the early part of the sixteenth century as at this time; they are mitigated in severity, but in kind they remain unchanged. It is to be observed, that buboes are mentioned early in the course of this history, although it has been said that they were first noticed by Fracastorius, but that is scarcely worthy of a refutation; since as

long as ulcers on the genitals have been known, so long must inflammation and suppuration of the inguinal glands have sometimes followed as a consequence. The same assertion respecting a gonorrhœa has been also made by Howard and others, but it is a mere inaccuracy, for this symptom is distinctly mentioned by Alexander Benedictus, who wrote about the year 1497, as well as by Jacob a Bethincourt, in 1527; and therefore there can be no pretence for saying that Fallopius was the first who included this among the number of venereal symptoms. I have already observed, in my former essay, that the use of mercury in the cure of many cutaneous affections was known to the Arabians, and brought into notice in Europe by Theodoric, in the 12th century; and as applicable to the cure of syphilis, it is to be found among the modes of cure recommended by Grunbeck, in 1496, in conjunction with bleeding, purging, &c.: his receipt for mercurial ointment contains, indeed, a great many extraneous ingredients, with about one-sixteenth part of quicksilver; yet it is to be observed that the employment of such remedies was very generally condemned at that early period, and they were consequently almost exclusively employed by empirics or uneducated men; so that we find many medical writers warning the profession against their use, and trusting entirely to evacuations, baths, and various kinds of liniments: among these, Gaspar Torella is distinguished by the violence with which he opposes the mercurial inunction; however, he gives us several prescriptions of this kind, but adds, "*supradicta unguenta, tanquam a peste fugienda sunt.*"

There can be no doubt that the want of skill of the practitioners of those days, their ignorance of the effects of mercury, of its accumulative powers, and of its occasionally capricious action, must have occasioned many untoward events; indeed, the mode of employing the remedy then in vogue, together with the belief that the venereal poison was expelled by the mouth, will sufficiently account for much of the mischief that ensued. We are told, for instance, that the patients are to be anointed between two fires, twice every day, from the upper arms down to the hams, and from the hips to the feet, until the mouth was made sore; then

they were to be kept warm, whilst the flux from the mouth was continued. Hence it arose, that finding all common methods of cure unsuccessful, and taught by experience the baneful consequences of a rash employment of mercury, any new remedy that presented itself was seized upon eagerly. Such a remedy was announced to have been discovered in the West Indies, where it was called *guaicum* or *huaicum* wood; it was brought to Europe first in the year 1508, by Gonzalvo Ferrand, and got into very general notice a few years later, in consequence of its curing a great number of persons, and especially Ulrich Von Hutten, who published an account of his own case, which very much tended to extend the reputation of this remedy: it will not, however, a little derogate from the presumed virtues of this wood, when we find, that even this case was only palliated by its use, and that so far from being a pure case of syphilis, it is evidently one in which mercury had been injudiciously administered, and where the patient was suffering from a mixed distemper. This will be readily conceived when we learn that Hutten had actually undergone the mercurial treatment eleven times with only partial relief, and that he had been a sufferer from a disease, supposed to be venereal, from the age of nine years. No great length of time elapsed before it was discovered that many of those believed to have been cured by the decoction of *guaicum*, relapsed; this was of course attributed either to the wood itself being adulterated, or to some essential part of the process being neglected. Hence it became the fashion for those whose circumstances would admit of the expense of the voyage, to transport themselves to the West Indies, in order to undergo the Indian method of treatment. Mr. Pearson has given a very curious extract from M. Louis's work, in which the method of cure practised in America is detailed: from this narrative we learn that two young Frenchmen of rank, who had in vain endeavoured to obtain a cure in Europe, were recommended to embark for St. Domingo. Upon their arrival the Viceroy's physicians advised them to remove to Puerto Rico, where the cure of the disease was usually undertaken by females. They were treated in the hut of a native in the following manner. She bruised, and cut with her teeth the

small branches of a young guaicum tree, and boiled them in an open vessel; they were made to drink a chopin of this decoction every morning, at two or three draughts; then they were ordered to walk out, to exercise themselves in fencing, or else they went to work in a gold mine, not far from the village, for the space of two hours; then, returning home covered with sweat, they changed their shirts, and dined, drinking only water. About 3 o'clock in the afternoon they drank the same quantity of guaicum decoction as in the morning, and performed the same exercise: thus, without any other remedy, they were perfectly cured in six weeks, without suffering any other inconvenience than a swelling and inflammation of the gums, of which they presently got well, after having been bled by pricking them in several places with a very sharp-pointed fish-bone. The nodes they had on their bones disappeared; all their nocturnal pains gave way in fifteen days; their appetites returned; and, in short, they went back to France quite well, and remained so ever after. Notwithstanding, however, these and many similar histories, there were not wanting men of great reputation, who contended that the guaicum could not be relied upon alone, and who still advocated the employment of mercury in all obstinate cases; and that this wood did not long maintain its pristine character, may be concluded from the introduction of other vegetable remedies, each of which was ushered into notice with the most unlimited and unqualified praises: the most extolled of these were the China root, and the sarsaparilla: the first of these roots, however, soon lost much of its reputation, for it was prescribed to the Emperor Charles 5th, but without effect; and in truth, as a single remedy, was soon superseded by the sarsaparilla, until at length it became the fashion to unite both these recently-imported articles with the guaicum; thus giving origin to the decoction of the woods, so famous in latter times; and which, among the changes of fortune to which medicines are subject, as well as every thing else, has again obtained a consideration nearly commensurate with that which it enjoyed even on its first introduction.

During the remaining portion of the 16th century, a great difference of

opinion existed among medical men as to the respective merits of the mercurial and vegetable modes of treatment: names of the greatest reputation and authority are opposed to each other on this point: thus Fallopius condemns, in strong terms, the use of mercurial ointments, and mentions, among the consequences, excessive salivation, mania, tophi, vertigo, &c.; observing, that many preferred perishing rather than undergoing the mercurial discipline, under which relapses were frequent, and caries of the bones, in particular, one of the most usual consequences. This is very strong language, and it is the more to be remarked, because Fallopius was a man of no common ability, attainments, and character; he was as remarkable for the estimable qualities of candour and disinterestedness, as for the splendour of his talents; and, without question, he spoke his genuine and unbiassed sentiments when he extolled the cure by sarsaparilla, as the *via regia*, and condemned the mercurial treatment, as “*omnium curationum acerbissima*,” and so it undoubtedly was, according to the mode of administering it practised in that day. Ambrose Paré, on the contrary, who wrote not much later in the same century, takes quite a different view of the matter; he mentions four methods of curing the great pox, as usually recognized among practitioners: the first, by the decoction of guaicum, being not severe; but he observes that it is not able to do more than palliate, it cannot extinguish the virus of the disease. Mercury, which was the next method, was employed in four different ways—by inunction, by fumigation, by plaisters, and by pills: of these different modes, that by plaister was soon abandoned, whilst the internal exhibition of this mineral, but little employed until the close of the 16th century, then began to be pretty generally recommended, in conjunction with the external use of mercurial ointments, or liniments; and as emperors and kings will lead the fashion even in the introduction of new remedies, so it happened that the pills of Barbarossa obtained at this time great reputation, in consequence of their having been used by Francis the First, king of France.

[To be continued.]

PATHOLOGY OF THE BRAIN AND NERVOUS SYSTEM.

Abstract of the Croonian Lectures,

Delivered at the Royal College of Physicians,

BY DR. FRANCIS HAWKINS.

(Continued from page 106.)

Lecture III.—May 21, 1828.

It has been our object in the preceding lectures to collect the present state of our knowledge of the structure and uses of the brain and nerves, with the view to introduce and to assist our inquiries into the pathology of those organs.

We have seen that the medullary substance of the brain and spinal cord consists of fibres, similar to those of which nerves are composed, and arranged in such a manner as apparently to connect together the different parts of the grey or cineritious substance. It has been stated that the spinal cord is not only a medium for the transmission of nervous influence, but that it is also in itself a source of sensation, motion, and instinctive action. The medulla oblongata has been found to be the only part on which the preservation of animal life immediately depends. Ascending upwards, the tubercula quadrigemina, optic thalami, and corpora striata, are usually considered as parts of the cerebrum; but these, as Mr. Mayo has observed, ought more properly to be associated in anatomical description with the medulla oblongata, because the cerebrum is perfect without them, if we may judge from the analogy which its different parts bear to corresponding parts in the cerebellum; and because they continue the function of the medulla oblongata in giving origin to nerves. And thus, long ago, Willis assigned to the medulla oblongata all those parts which are situated below the corpus callosum.

The distinct and peculiar offices of the cerebrum and cerebellum, it must be confessed, are as yet unknown. Of the older physiologists, Willis supposed the cerebrum to be the source of sense and voluntary motion; and the cerebellum, that of the vital functions: whilst Haller's doctrine was just the contrary. But neither of these hypotheses is consistent with modern observations. Of

the experimental physiologists of the present day, one has supposed the cerebellum to be the source of all the voluntary movements of the body; another, the regulator of them. But, although it has been shewn that the movements of the body are curiously affected by injuries of different parts of the cerebrum and cerebellum, yet no such general conclusion as those alluded to has hitherto been established: and that the cerebellum should be the source of motion seems further improbable, because we can trace no direct connexion between it and the anterior half of the spine. Other physiologists have imagined that it is the cerebrum which is the source of motion, and that from it are derived the anterior roots of the spinal nerves: the cerebellum, on the contrary, they suppose to be the source of sensibility, and that it is connected with the posterior roots of the nerves. This connexion can, indeed, be so far traced, that if the corpus restiforme, or inferior peduncle of the cerebellum, be divided and stripped downwards, it is found to carry with it the lateral furrow from which the posterior roots of the nerves arise; but that the cerebellum should be the exclusive source of sensibility, is improbable from this, as well as from other reasons, that it does not appear to be itself sensible to pain from mechanical injury.

With respect to the higher functions of the brain and nervous system, no one doubts, even in this age of free inquiry, that the cerebrum is engaged in producing the manifestations of mind. No pathologist can doubt the fact, for injuries of this organ alone produce a direct effect upon the faculties of the mind. The degree in which those faculties are affected by the destruction of particular parts of the brain, or by the interruption of their mutual connexions, and the physical changes which take place in the brain during the performance of intellectual operations, are legitimate subjects for inquiry, and may, perhaps, be greatly elucidated by the progress of anatomical knowledge.

But there is a further part of the process—the immediate connexion between the action of the instrument and the effects which it produces—the manner in which the brain and nerves form, as it were, a connecting link between a material and an immaterial world—this part of the functions of these organs is

placed beyond our observation. They differ in their uses from all other animal organs in one respect—that the means and the end do not appear to us to be the same in kind. What relation can we observe between a vibration, oscillation, transmission of galvanic influence, or any other organic change whatever, and a sensation or a thought? Nor is it probable that we ever shall be able to trace the relation between them; for by which of our senses should it be cognizable? We can but call consciousness to our aid, and consciousness cannot observe upon others; and in ourselves we never can embrace and comprehend the whole of the process in question.

In pursuance, however, of our inquiries respecting the nature of the instrument itself, it may be observed, that since we have seen reason to believe that the white matter of the brain is altogether occupied in forming media of communication betwixt its different parts, it follows that there is a strong probability in favour of the supposition that in the grey matter all its functions originate. Nor does it greatly militate against this supposition that it is contrary to common opinion, in which it is usually assumed that the medullary must be the more perfect part; for on what is that opinion founded? On imagination only, and not on pathological or physiological observations. But if the cineritious substance be, in a *physiological* sense, the more important part, as originating the functions of the brain; in a *pathological* sense, the central medullary part may still be considered as the most important. Of so much consequence is it to understand the order and connexions of the internal fibres which form the media of communication.

“*Tantum series juncturaque pollet;
Tantum de medio sumptis accedit honoris.*”

Doctors Gall and Spurzheim suppose that the use of the cineritious substance is to secrete the medullary part; but Professor Tiedemann has shewn this to be incorrect, because in the foetus the medullary part of the spine is distinctly visible before the cortical: he limits the use of the cortex to the conveyance of arterial blood for the support of the medulla. It has been before mentioned, that Willis supposed the animal spirits to be secreted by the cortical part, and distributed by the medulla; and he rest-

ed this hypothesis partly on the greater vascularity of the cortex.

Dr. Abercrombie has noticed a pathological distinction, which, if it be confirmed by further observation, will prove to be of some importance. It is that suppuration takes place chiefly in the darker or cortical parts, and that inflammation of the central white matter terminates chiefly by ramollissement. One cause of this difference may be, that the grey matter is more vascular than the other.

If, however, the supposition of the important nature of the grey matter be well founded, the number and depth of the convolutions of the brain, which differ greatly in different individuals, must probably affect also the character of the mind, which energizes them. In various animals it has been supposed that a correspondence may be traced between their moral endowments and the number and depth of the convolutions or laminæ of the cerebrum or cerebellum: and the extensive inquiries of Professor Tiedemann into the comparative anatomy of the brain, have confirmed the notion that the adult human brain is distinguished from that of all animals by the size and elevation of its hemispheres, as well as by the greater number of its convolutions. The same doctrine was long ago maintained by Willis, who called the convolutions “the store-house of images.” M. Magendie has also strongly supported the doctrine that there is a correspondence between the number of the convolutions and the state of the intellectual faculties.

Considerations such as these attach real importance to a theory discussed, perhaps, more often in jest than earnest, and treated rather as an amusement than as an employment for our serious hours; but which, nevertheless, has taken such hold of the public mind, as to have passed almost into popular language—the theory, I mean, of Gall and Spurzheim. The weakest part of their system appears to be this—their main position—that the size of an organ may be taken as an indication of its power and capacity, is not altogether supported by facts. The perfection of the organs of sense, for example, either when considered with respect to the different species of animals, or to different individuals of the same species, by no means depends upon their relative size,

but rather upon the nature and fineness of their organization; and many exceptions are brought forward against the application of the principle of relative size to the parts of the brain itself. In other parts of their system the craniologists are strong, especially in the doctrine that the exercise of an organ favours and increases its development; for this, no doubt, is physically true: and it holds likewise throughout the moral world, and the expansion and application of this principle forms the characteristic excellence of the Aristotelian Ethics. Some general correspondence may surely be expected between the agent and the instrument; and since the mind, which forms one conscious individual whole, consists, nevertheless, of different faculties, which are capable of being separately lost or retained, the brain may be expected to be somewhat similar in its nature. We have seen that such universal connexions are established between all its parts, as may be supposed to produce their mutual co-operation, and to preserve the individuality of the organ; and, on the other hand, it is not improbable that its different parts may be engaged in different offices. Whether their proper offices can be assigned to each, and whether the attempt to do so has in any case as yet succeeded, can only be decided by an appeal to facts. To the tribunal, therefore, of experience the question is now, by common consent, referred. Hitherto I have met with no impartial person who believes that the division of the powers and faculties of the mind adopted by the craniologists, or, as they choose rather to be styled, phrenologists, is at all a happy one; or that, with respect to the general question at issue, a sufficient number of facts has been brought forward on either side, to determine the question in one way or the other.

But whatever light an improved knowledge of natural structure may throw upon intellectual operations, it is clear that it is intimately connected with the pathology of disease. "Thus," says Mr. Mayo, "a new source of interest attaches to the morbid anatomy of the brain: an apoplectic effusion, an abscess, a partial change of structure in the brain, are to be viewed not only as producing a direct loss of cerebral substance, but as destroying additionally the connexion between other parts more

or less remotely situated, to the interruption or impairment of their functions."

But it is to be recollected that *our* object is different from that of the professed physiologist. We require not a new source of interest to be attached to morbid anatomy: we are not engaged in pathological observations for the sake of physiology, but seek to make physiology bear upon the former, and both upon practice. Whilst the physiologist looks for a key to the uses of parts, in "an account of cases where, from disease or injury, different parts of the human brain have been destroyed, or their connexion interrupted," we seek to understand the meaning of symptoms, from a knowledge of the uses of parts. In this manner, upon these principles, we hope at length

"Cessantem nervis elidere morbum."

I shall proceed to instance some examples of cases in which a knowledge of the natural structure and uses of parts of the nervous system sheds light upon the pathology of disease.

It has been already mentioned that the degree in which the muscular nerve of the tongue is affected in apoplexy may be taken as an indication of the degree of danger; for it shews to what extent the medulla oblongata is implicated in the disease; and we learn from experiment that lateral pressure on the hemispheres of the cerebrum and cerebellum produces no sensible effect; but that compression of the medulla oblongata immediately produces stupor. I am aware that a more general explanation may be given of the point in question, for it may be said that those muscles which are naturally most subject to the will are most affected by diseases of the brain, and that it is for this reason that the muscles of the tongue afford a criterion of the severity of the cerebral affection. But when the paralysis of the muscles of the tongue is out of all proportion greater than that of other parts, or when the use of other muscles is recovered in more than a proportionate degree, it is fair to conclude that there must be some local and particular cause for the affection of the ninth pair of nerves; and that cause in apoplexy can be no other than injury of their origin, which is situated in the medulla oblongata, and threatens therefore the destruction of life.

The danger with which apoplexy is attended when the injury affects the medulla oblongata, is well illustrated by two preparations [which were then exhibited] presented to the College by Dr. Powell. Both were taken from the same patient. The first exhibits a portion of the base of the brain, where blood had been recently effused, by which the patient was destroyed. The other is an apoplectic cyst, of some standing, which was found in the *left* hemisphere of the brain. The patient from whom these two preparations were taken, was a lady, æt. 50, of an anxious disposition, and thin, spare habit of body. She was suddenly attacked with complete hemiplegia of the *right* side, but in less than a fortnight she had so far recovered as to resume the duties of her family. A second attack, six weeks afterwards, was attended with complete loss of power on both sides of the body, and proved fatal in about twelve hours. Dr. Powell observes, that the one preparation shews the cause of the first attack, and the other the cause of death; and he says that he has often found, where injury has taken place in this part of the brain, that, as in this case, the palsy has been general and complete.

There are certain symptoms which appear to be distinctly referable to affections of the par vagum. In his recent work on Hydrocephalus, Dr. Monro, of Edinburgh, has published an interesting account of a peculiar and very acute form of that disease, which he ascribes to irritation of the eighth pair of nerves, and consequent inflammation excited at their origin. "This rare form of disease," he observes, "is very sudden in its attack."—"It begins like the croup. The child awakes in the night, in a state of extreme agitation, and much flushed, and with a quick pulse; he is hoarse, and the sound of his voice when he inspires is similar to that in croup." Emetics relieve the breathing, and upon examining what has been rejected by vomiting, it is found to be undigested. Dr. Monro has added cases in illustration of the nature of this disease. In each of them the origins of the eighth pair of nerves were found to be affected with inflammation; and the symptoms which had attended them, as regards the alteration of voice, and interruption of the functions of the lungs and stomach,

corresponded exactly with the phenomena which have been found to ensue upon irritation or division of the eighth pair of nerves in animals. In Dr. Monro's work, a minute parallel is drawn between the symptoms of this disorder and those which follow the artificial injury; and an accurate diagnosis is established between the former and those which belong to common croup. Against a disease so formidable in its nature, and so rapid in its progress, it is consolatory to learn that art has any power, and that it has sometimes appeared to be arrested by the use of calomel, leeches, blisters, and issues. It is mentioned that Professor Burns had previously described a similar train of symptoms, and had considered them as the effects produced by irritation of the fifth nerve during dentition, whence he supposed that a sympathetic affection of the par vagum was induced, through the mutual connexions of these nerves with the intercortal nerve. In a case related in Swan's Treatise on the Nervous System, in which the par vagum was found to be diseased about the middle of the neck, the prominent symptoms had been vomiting and extreme dyspnœa.

The pathological illustrations of the effects of disease, or injury of the fifth and seventh nerves, which Mr. C. Bell has published in his papers in the Philosophical Transactions, are well known to be highly interesting. But there is another part of the pathology of the fifth pair of nerves on which direct light has been thrown by the experiments of Magendie, which have been before alluded to, in which he found that division of these nerves produced an opacity of the cornea, and that destruction of the gasserian ganglion caused even ulceration of the eye. Mr. Mayo has published an account of an interesting case which occurred at the Middlesex Hospital, under the care of Dr. Macmichael; in which inflammation of the eye, and ulceration of the cornea, were combined with paralysis of the fifth nerve. In a case published by M. Serres, there was insensibility of one side of the face; and upon the same side, opacity of the cornea with adhesion of the iris. The mucous membrane of the tongue and gums was also diseased on the side which was insensible. The patient died, and upon examination, the sentient portion of the fifth nerve, to-

gether with the ganglion, was found to be discoloured and softened, whilst the muscular portion was unaffected.

As a further illustration of the same subject, Mr. Stanley has published an interesting account of the appearances post mortem in a case which had been under the care of Dr. P. M. Latham. The tuber annulare was found to be enlarged, especially on its left side, and in a direction to compress the fifth and seventh nerves against the basis of the skull. A section of the tuber annulare discovered within it a tumor, about the size of a walnut, occupying the whole of its left side, and extending into the left crus cerebelli. The consistence of the tumor was firm, its colour brown, and specks of blood were dispersed through its substance. The symptoms in this case had been hemiplegia of the *left* side; in the face sensation and motion were completely lost; in the arm and in the leg sensation remained. There had been frequent attacks of erysipelas in the face, confined to that side which was deprived of sensation and motion. In the left ear hearing was completely lost. In the left side of the tongue sensation was lost, but the power of motion was retained. Whilst in the right nostril the mucous membrane was pale, in the left nostril it was constantly of a deep red colour, and from it there were frequent discharges of blood. In the left eye the vessels, first of the conjunctiva, then of the deeper membranes, became inordinately distended with blood. Opacity and ulceration of the cornea soon followed, with the escape of the aqueous humor, and complete disorganization of the globe. Upon the subsidence of the delirium which preceded the hemiplegia, the intellect became clear, and remained so to the moment of death.

This case is interesting both in a physiological and pathological point of view. In the former, because it adds confirmation to the important distinctions made as to the offices of the fifth and seventh nerves. In the latter, because we here find disease producing the same effects as the experiment of dividing the fifth nerve; namely, inflammation and destruction of the eye. To the same cause may also be attributed the erysipelas and vascularity of the nostril of the paralysed side.

The cases are very numerous in which the situation of a tumor pressing upon

the optic nerves has been indicated by the attack, either sudden, or more frequently gradual, of amaurosis.

Among the valuable "cases illustrative of the pathology of the brain," which Dr. Powell has published in the 5th vol. of the Medical Transactions, there is one from the notes of Dr. Warren, the subject of which, after having suffered for six or eight months from severe pain and tightness across the forehead, "was sensible of a sudden diminution of the sight of the right eye, and this defect increased until the power of vision on that side was completely lost. The sight of the left eye then became impaired in the same manner, and as the affection of this eye advanced, the other recovered a small power of vision; but in the progress of the disorder he became completely blind." It was remarkable that, from the operation of an emetic, "the power of vision was suddenly restored to the right eye, with the sensation as if a flash of lightning had taken place;" but this improvement did not last for more than an hour. The patient died of apoplexy, and the pituitary gland was found to be enlarged and converted into a pulpy substance, and to its upper part a tumor was attached of an oval form, and of the size of a hen's egg, containing a thick purulent fluid; it was situated under the middle lobe of the cerebrum, and interposed between the optic nerves, which were in consequence much separated from each other, and their fibres were seen to be expanded and almost destroyed.

Dr. Monro has related the case of a young man whose sight became suddenly impaired during a paroxysm of pain in the head, and in a few days he became blind. In the course of three weeks he died apoplectic, and a tumor was found filling up the third ventricle: it was composed of a cheesy, soft substance, of a yellow colour and tuberculated; it pressed upon the optic commissure, and on the termination of the tractus optici, which were flattened and broader than usual.

The gradual manner in which the sight is sometimes affected by tumors pressing upon the optic nerves, is well illustrated by the following case, with the notes of which I have been favoured by Dr. Seymour. A person, aged 55, was admitted into the Asylum for the Recovery of Health, Nov. 10, 1827,

with the following symptoms:—complete loss of power over the lower extremities, the sensation in which is greatly impaired; his urine and fæces are passed involuntarily; memory much impaired; his sight is very dim, so that he can scarcely see persons in his room; pupils of the eyes much contracted. His complaints commenced ten years ago with loss of power in the left ankle, gradually extending to the whole limb, then to the right limb. His sight has become impaired only within the last three years. He attributed his complaints to getting wet when under the influence of mercury. He was bled, and mercury employed, so as to affect the mouth, without any relief. He had long made use of every species of counter-irritant without benefit. In so hopeless a case the treatment was limited to the occasional use of laxative medicines. During the time he remained in the house, the urine passed involuntarily was highly offensive, from the superabundance of ammonia; and during the last three weeks of his life a very considerable quantity of purulent matter was discharged from the urethra. He died Feb. 3, 1828. The body was examined by Mr. Cæsar Hawkins, and the following is an account of the appearances which presented themselves:

The surfaces of the spinal marrow, and of the brain, were covered with fluid, effused between the arachnoid membrane and pia mater; which, being contained in cells, had a gelatinous, white appearance, although the fluid was aqueous in consistence. The vessels of the brain, but especially the veins, were tinged with blood. The ventricles contained about half an ounce of fluid; the theca vertebralis about an ounce and a half, which as usual had gravitated to the loins. The substance of the anterior extremity of the middle lobe of the left hemisphere of the brain, by the side of the sella turcica, was darker coloured, and softer than the rest of the brain, so as to be readily torn, while elsewhere the cerebral structure was unusually firm. This colour arose from a small aneurismal swelling on the carotid artery, just between the origin of the middle cerebral and communicating arteries. It was about the size of a large pea, or small nut, its coat being extremely delicate and transparent, except where a coagulum adhered to one side; the cavity had a free com-

munication with the trunk of the artery. Its situation was at the side of the *commissura tracturam opticorum*, nearer to the tractus opticus of the left side, so that it might slightly have pressed on both those parts, but no change was perceptible in the structure of the nervous matter except in that part which has been mentioned. In the fourth ventricle, and on the surface of the anterior verniform process, was a substance within the pia mater, resembling the white secretion observed at the entrance of the veins of the brain into the longitudinal sinus, except that here it had a reddish brown appearance. The appearances observed in the bladder, kidneys, intestines, and thorax, may be omitted, as not relating to our present purpose.

[A very beautiful preparation, taken from the foregoing case, and a drawing illustrating it, were here handed round. Dr. Baillie remarks, that in the only two instances which have come to his knowledge of aneurisms being formed in the arteries of the head and brain, there has been an aneurism in both arteries in the same situation, and at the same time. The preparation before us proves that this is not a necessary circumstance.]

To determine, from the symptoms, the nature and degree of cerebral affections, and to ascertain what part of the cerebrum, or cerebellum, is the seat of disease, is, indeed, a difficult, but not a hopeless task. It appears, from numerous cases, that the situation of tumors within the cranium, and of inflammation or softening of part of the cerebral substance, may generally be learned from the pain which is felt immediately over it. The same affections occurring in either hemisphere of the *cerebrum*, produce, as is well known, paralysis of the *opposite* of the body, although, in the face, the paralysis is sometimes on the same side as the injury. But when these causes affect the *cerebellum*, or *crura cerebelli*, the paralysis produced in that case appears to occur always on the *same* side as the organic lesion.

M. Serres has stated, that disease of the membranes of the brain produces simple apoplexy, but that apoplexy combined with paralysis is the result of injury of the cerebral substance. This distinction does not appear to have been fully proved. Convulsions are

probably characteristic of inflammation of the membranes—especially of the arachnoid and pia mater. The distinctive signs of inflammation of the substance of the brain, and of ramollissement, are pain in the head, vomiting, paralysis, and, finally, coma.

Some of these points are illustrated by the following cases:—

An abscess, taken from the anterior part of the *left* hemisphere of the brain, is seen in a preparation (which was then exhibited) presented to the College by Dr. Powell. The first symptoms in this case were frequent short attacks of languor and tremor, preceded by a sense of some foetid effluvium rising in the back part of the nose. There was afterwards, deep-seated pain in the head, occurring in paroxysms. This was succeeded by delirium and slight paralysis of the *left* side of the face, and the patient died in about seven weeks from the first attacks of tremor.

The situation of the abscess was, in this case, indicated by the pain in the forehead, and affection of the olfactory nerve. The paralysis of the face appears to have been on the same side as the injury of the brain.

The next preparation exhibits a cavity in the anterior part of the *left* hemisphere of the brain, containing blood. It was presented to the College by Dr. Latham, from Mr. M'Intyre, under whose care the patient had been placed. The symptoms were, in this case, severe head-ache, felt over the left eye-brow, which occurred about two months before his death: there was nausea, vomiting, and torpid bowels. As the pain in the head diminished, a degree of drowsiness came on, gradually increasing to perfect coma. The intellect was more affected than the speech. There was a discolouration of the surface of the brain over the cavity, but no injury could be discovered of the bone.

There was then exhibited a tumor on the crus cerebelli, with a hydrocephalic state of the right crus; presented to the College by Dr. Elliotson. The symptoms, in this case, were pain in the head and slight hemiplegia of the left side. It may be observed, that the tumor must have pressed upon both the crura cerebelli; so that this case can hardly be said to be opposed to the distinction before laid down, as to the side of the body affected by injuries of the cerebellum. But what was chiefly re-

markable, was the loss of the senses of sight, hearing, smelling, and taste; and, to a great degree, of general feeling. The mental faculties and general health were unimpaired. The functions of the senses were, at first, partially restored by great depletion, but were afterwards wholly destroyed, and delirium and death ensued.

The sixth of Dr. Powell's cases, in the Medical Transactions, was that of an old man labouring under a general convulsive affection of the left side. The right side of the body also, though not convulsed, was evidently weakened. His general health was in other respects good, and his intellectual powers perfect. He appeared to derive benefit from the administration of nitrate of silver, but was afterwards suddenly seized with hemiplegia of the *left* side, with loss of speech and stertorous breathing; and his pulse became preternaturally slow, full and hard. After this attack, the right hand and arm became constantly and tremulously convulsed, but not to so great a degree as the left had been. Copious blood-letting produced temporary benefit, but eventually he died in a comatose state.

Mr. Stanley examined the head, and found a general opacity of the tunica arachnoidea and pia mater, and much fluid effused into the cellular texture of the latter. There was effusion also into the ventricles, and at the base of the brain. In the anterior lobe of each hemisphere, the cerebral substance had been destroyed, as if by ulceration; but this appearance was more extensive in the *right* hemisphere than in the left.

In this case we observe, that inflammation of the membranes was attended with convulsions, and that effusion at the base of the brain was indicated by loss of speech; also, that hemiplegia occurred on the left side of the body, the greatest organic lesion being in the right hemisphere of the brain.

An accountant in a public office was attended by Dr. Seymour, in the month of February, 1826, after an apoplectic seizure. He had suffered for a fortnight previously, from pain in the head, affecting principally the *right* side, accompanied with great depression of spirits and nervous tremors. There was also a slight paralytic affection, chiefly of the *left* leg. After a few days, he died suddenly. His head was opened by Mr. Cæsar Hawkins, and, at the *ante-*

rior part of the *right* hemisphere of the brain, a tumor, approaching in texture to soft cartilage, was found in connexion with the corpus striatum of that side. It was of the size of a pigeon's egg, and vascular in the centre. It appeared to be of the nature of malignant tumor. Around it, to the extent of half an inch, the substance of the brain was softened to nearly the consistence of cream.

It is needless, however, to multiply cases, as it will probably be admitted that we have already some marks to guide our diagnosis; but that a better knowledge of natural structure, and a closer observation of symptoms, will assist us greatly to determine the nature and the situation of cerebral affections.

Should I have the honour to continue these lectures in the next and following years, I propose to lay before you the results of my inquiries into the pathology of the brain and nervous system, in the following order. Inflammation and organic diseases of the membranes of the brain and spinal cord, will be first considered: then will follow those of the cerebral substance; which will naturally be succeeded by ramollissement and hydrocephalus, acute and chronic. Our next subjects will be apoplexy and paralysis; then epilepsy, chorea, and, as far as our limits will permit, the other affections of nerves.

By pursuing such a course, it will be my wish and endeavour to contribute something to complete the history of these disorders. "*Si morbi cujuslibet historiam diligenter perspectam haberem, par malo remedium nunquam non scirem adferre.*" Such was the boast of one whom practical skill had rendered, perhaps, too confident in his art! Had Sydenham been a morbid anatomist, he would not have expected a remedy for every organic ill. Is, then, the pathologist to retire from his task in despair? No; he will rather seek, with redoubled diligence, to trace the origin and the progress, as well as the terminations, of disease. It is not with vain and idle curiosity that he explores the parts which disease has occupied, in order that he may point out its boundaries with superfluous nicety, as in a map: but he examines, as it were, the strong holds of disease, in order that he may direct his remedies with precision and effect. Even where the ravages of a disorder will not admit of its cure, there still is room to hope that art may be so far enlightened by expe-

rience and observation, as to learn hereafter to prevent its occurrence, arrest its progress, or palliate its effects.

[To be continued.]

STRICTURES OF THE ORIFICE OF THE URETHRA.

Abstract of a Clinical Lecture.

By H. EARLE, F.R.S.

THERE is a peculiar affection of the orifice of the urethra of very frequent occurrence, to which I am desirous of calling your attention, because there are no less than four cases at present in the hospital, illustrating, in a most satisfactory manner, the nature of this affection, and its injurious effect upon the whole urethra and genital organs.

I am the more desirous of directing your observation to these cases, because, though of frequent occurrence, they are not in general understood; and very often patients are tormented with the repeated introduction of instruments, and even of caustic bougies, for months together, without experiencing the slightest benefit, who might be relieved in a few moments by a simple and almost painless operation. This affection consists in a natural contraction, either immediately at the orifice of the urethra, behind which the canal is of its natural size, or the orifice may be of its proper size, and the contraction situated just within the opening immediately opposite the insertion of the *frænum*: this is by far the most frequent occurrence, and the one productive of most suffering to the patient. Occasionally, both these affections exist together in the same individual, in which case the mouth of the urethra will be much narrowed by the extension of the integument over it; on dividing which, and attempting to pass a good-sized instrument, it will be resisted at about one or two lines down the urethra. In other cases the urethra terminates short of the glans penis, and is nearly closed by the common integument. The effect of this contraction upon the whole urinary organs is most deleterious, causing all the symptoms and consequences of the worst strictures. Thus I have known it to induce stricture at the bulb or membranous part, succeeded by irritable bladder and disease of the prostate; at other times, as in the in-

stances now in the house, the latent irritation in the prostatic part of the urethra is accompanied by chronic affection of the testicles, in the form of sclerocoele or hydrocele. In the course of the last winter I had many opportunities of pointing out this affection to those gentlemen who attended my practice.

So frequent a cause of serious disease of the bladder and testicles would not, it may be supposed, have escaped the observation of other surgeons in extensive practice, yet such appears to be the fact, for I hardly ever conversed with one who was apprized of its nature, nor have any authors I have read mentioned the subject, with the exception of Mr. Jesse Foot and Mr. Ramsden.

With myself the discovery was purely accidental: one day, many years ago, I was disturbed in the act of making water, pleno rivo, and I suddenly arrested the stream by forcibly compressing the extremity of the urethra. This caused so much uneasiness in the whole course of the canal, as to call my attention to the subject; and on repeating the experiment the following day, a similar result took place. On a little reflection, it was obvious that any permanent contraction at this part would operate as a stricture; and by causing painful distention behind it, would irritate the delicate membrane of the urethra, and induce spasmodic, or even permanent stricture, in other parts of the canal; and thus would lay the foundation for diseases of the prostate, testicle, and bladder. That such a contracted state of the extremity of the urethra frequently existed, I was perfectly aware, from the numerous cases of diseased urethræ which fell under my observation. My attention being once drawn to the subject, many cases occurred which tended to confirm my views; and many years' experience has convinced me that not only is this contraction a frequent cause of disease in the urinary canal and its appendages, but that when it exists it is far more productive of serious disease than when stricture occurs at any other part. On reflection, it is not difficult to explain, on rational principles, that which I have so often found to exist in practice. It is well known, when a calculus exists in the kidney or bladder, that one of the most frequent symptoms is a distressing burning and pain in the glans penis,

and at the extremity of the urethra. Of this I have known many instances, but in none was it more marked than in the case of a naval officer I met with at Dover, about four years since, who consulted me in consequence of the most distressing irritation in the glans penis, which totally debarred him from entering into society. He had been treated with numerous bougies, and had been sounded for the stone, but no disease had been detected. I conceived that there was a calculus in his kidney, and on investigating his case further, this opinion was confirmed by the quantity of pus that passed with his urine. After protracted sufferings he died, and Mr. Sankey, of Dover, obtained permission to examine his body, and found a considerable sized calculus in the pelvis of the right kidney. I might easily multiply instances, both of disease in the kidney, bladder, and prostate, being accompanied with distressing pain and irritation in this part. The explanation I would offer is, that this is the part where the sentient extremities of the nerves terminate, and it is the part most highly endued with nerves. We know in the familiar instance of pain after amputation, in an extremity which no longer exists, when irritation is excited in the course of a nerve, that the percipient mind refers the sense of pain to the sentient extremity originally destined to receive impression. So, in the case of irritation at the neck of the bladder and prostate, is the pain and irritation referred to the sentient extremity of the nerves which are connected with these parts. If such be the case in diseases remote from this part, it is not unreasonable to expect, when any disease actually does exist in this very sensitive part, that the irritation should be reflected back, and that the membranous part of the urethra, prostate, bladder, and even the kidneys, should more or less participate in this affection, even to a greater extent than the mere mechanical opposition afforded at the mouth of the urethra would account for. Whether this explanation be considered satisfactory or not, the facts cannot be controverted; and they are so numerous, and of such frequent occurrence, that you will have abundant opportunities of confirming the opinions I have advanced.

In further confirmation of the intimate sympathy which exists between the orifice of the urethra and the whole

urinary organs, it may, however, be well to mention two cases which came under my observation, which bear strongly on this point. A gentleman consulted me some years ago, who had suffered much from gonorrhœa, which had terminated in abscesses in the mucous glands, near the orifice of the urethra, and left three considerable apertures on the under side of the urethra, exposing the mucous membrane of that canal. He was suffering greatly from spasmodic stricture of the urethra, and irritable bladder, accompanied with copious discharge: he had employed bougies for a long time, without any benefit; and his health was suffering from the continual irritation, and particularly from the pain at the extremity of the urethra. I laid the three apertures into one, and destroyed the exposed mucous membrane with caustic. All irritation speedily subsided, and he recovered without any other remedial means.

The next case occurred about two years since. A medical practitioner had a chancre near the freenum, which destroyed a considerable portion of the urethra, and left a small surface of the mucous membrane exposed. This was succeeded by a most irritable state of the urethra and bladder, which destroyed his comfort, and had nearly driven him from practising his profession. He was almost daily obliged to have recourse to the use of the catheter, which still further aggravated his complaints: he had been for a long time under the care of a most eminent surgeon, without experiencing any benefit. From the relief which had followed the destruction of the exposed mucous membrane in the last-mentioned case, I recommended a similar plan to be pursued, and, am happy to add, with an equally fortunate result. The irritation in the urethra and bladder entirely subsided, and he is now able to ride about on horseback without the least inconvenience.

When I first began to treat these cases, I used to divide the membrane at the orifice with a small scalpel or lancet, and to dilate the stricture opposite the frænum with a conical metallic bougie. I soon found that this was a very slow process, and productive of much suffering, and I next endeavoured to divide the stricture with a narrow knife. This, however, was often difficult to accomplish, and from the ap-

prehension and involuntary motion of the patient there was a danger of dividing too much, or of not dividing the stricture sufficiently. To obviate all these difficulties, I constructed the very simple instrument which you have repeatedly seen me employ, and which divides at a single stroke to the full extent that it can ever be requisite. The pain which this causes is momentary, and not to be compared to the introduction of the wedge, or conical bougie. The hæmorrhage, unless there be much previous inflammation, is generally very trifling, and can always be restrained by the application of cold and pressure. When it has ceased to bleed, a very little lint, smeared with oil or ointment, should be introduced into the cut, to prevent the divided edges from healing by the first intention. A portion of a conical metallic bougie should be introduced once or twice a-day, to the extent of an inch, for several days, to maintain the passage until the surface of the divided edge has skinned over. The relief afforded by this operation is almost incredible: in some cases, where the urethra has been so irritable as to admit with difficulty the smallest bougies, I have been able, after three or four days, to introduce a full-sized instrument into the bladder. A very remarkable instance of this kind occurred lately in my private practice. An officer was sent up to London by his regimental surgeon, suffering from a most irritable bladder, and very obstinate strictures. With much difficulty a small catgut bougie had been passed about six inches down, where it was supposed the principal stricture existed, but no instrument had been passed on into the bladder. On examining him, I found this contracted state of the urethra opposite the frænum, which I at once divided, and in five days I was enabled to pass a large-sized (No. 13) metallic bougie into the bladder. All irritation speedily subsided, and in a few weeks my patient was perfectly cured. Very many similar cases, and others of obstinate gleet, of years standing, have been cured in a short time by this simple operation.

I have said that this affection is often an original malconformation of the part: this I believe will generally be found to be the case. You will naturally then ask, how it happens that a natural formation should be capable of inducing

such a train of ill, and why it does not occur at an earlier period of life? It is not difficult to meet this question in the majority of cases, as the inflammation and mischief are first sensibly produced by gonorrhœa, or venereal excesses; and when once excited, it is kept up by the contracted state, probably increased by the inflammation of the membrane lining it. But, in other cases, I have known a train of most distressing symptoms caused by this contraction alone, where there had been no gonorrhœal affection; and I have known such cases yield at once to the operation I have described. Several cases of irritable bladder in boys who have wetted their beds at night, I have cured by this plan: in some of these the urethra has terminated short of the glans, and has been nearly closed with integument: in these cases, all that is required is to slit up the integuments, and expose the urethra.

But it is time that I should say a few words respecting the cases which are at present under review. The patients I allude to are William Ford, æt. 38, in Powell's ward, who was admitted with great enlargement of both testicles, for which he had been under different medical men without benefit. On the third day after his admission, I divided the orifice of his urethra, which would only admit a very small bougie. After the operation I passed a large bougie, and found the urethra free from obstruction; no other treatment was pursued, and the swelling in both testicles has rapidly subsided. Some water collected in the tunica vaginalis of the right testicle, but this has gradually been removed, and he is now about to leave the hospital perfectly cured.

The next case is that of Richard Sewell, in Pitcairn's ward, who was admitted for chronic enlargement of both testicles, of long standing, with gleet and frequent micturition. In this case, the obstruction was caused by the cicatrix of an old chancre, which nearly closed the aperture. I divided this freely, and with the same happy result.

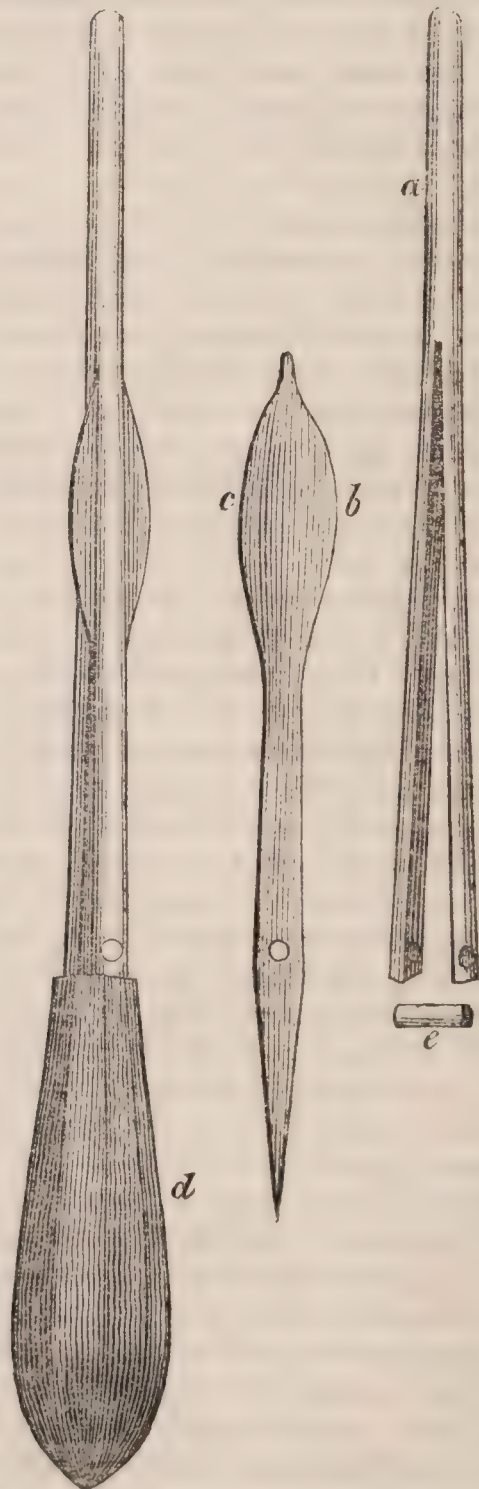
The third case is that of Charles Smith, in Lazarus ward, who was admitted with gonorrhœa, and with the whole glans penis and prepuce covered with verrucæ. As these proved very obstinate, and resisted the usual applications, and the orifice of his urethra was much contracted, I divided the stricture, and directed the part to be kept wet with

cold water. The case is now going on most favourably, the running has ceased, and the warts are shrinking and falling off*.

The fourth case is in Baldwyn's ward: a man named R. Edwards, with enlargement of both testicles. The same treatment was pursued as in the former cases, and with equally happy consequences.

It is worthy of remark, that no other remedial means have been employed in these cases, which had previously resisted very active treatment. But I must not dwell longer on this subject, as I am anxious to call your attention to the case of cicatrix after burn, which was operated on last Saturday.

REPRESENTATION OF THE INSTRUMENT.



* The patient left the house soon after this, and attended as an out-patient: he is now perfectly restored.

- (a) A narrow metallic bougie, with a slit to admit a lancet blade.
- (b) Cutting edge of the lancet.
- (c) Blunt edge of ditto.
- (d) Handle of lancet.
- (e) Pin to connect the lancet with the bougie.

COLLEGE OF PHYSICIANS AND
DR. HARRISON.

To the Editor of the London Medical Gazette.

SIR,

THE recent trial between the College of Physicians and Dr. Harrison is an event of such general interest to the medical profession, that I entreat your permission to offer a few remarks on it. In the short notice of the subject which appeared in the last Number of the *Gazette*, you state, *that the question which Dr. Harrison professed it to be his intention to set at rest, remains—precisely where it did.*” My object in this letter, is to probe a little more closely this question, and to ascertain whether or no this trial (to which men’s minds have been of late so strongly directed) has, in truth, led only to this most lame and impotent conclusion.

Dr. Harrison defies the powers of the College. The College accept his challenge. The trial takes place. Both parties are fully heard. Dr. Harrison gains the cause. This, to a man of plain common sense, sounds very like a settlement of the question. But it has been argued (by others as well as yourself), first, that the College put their cause badly, and, secondly, that Dr. Harrison’s defence was a “mere subterfuge.”—Let us examine these positions. 1. It is reasonable to presume that Sir James Scarlett and Mr. Brougham, who conducted the College cause, would bring forward the *strongest* of the cases that could be procured. Not the shadow of suspicion exists that they mismanaged the business. When the College of Physicians selected the case of Miss —, on which to try the great question, they must have known whether or not it was a medical case. It was one of diseased spine, probably depending upon a general scrofulous taint; and if scrofula be not under the special care of physic, I do not know what disease is. I main-

tain then, Sir, most strongly, that the College made a perfectly good selection. It was a physician’s case, to all intents and purposes; and the jury decided that, for practising in such a case, Dr. Harrison had not subjected himself to the penalties demanded by the College.

2. But it is urged that Dr. Harrison’s defence was uncandid, and inconsistent with the tenor of his letters to the Censors. I cannot see that. His undertaking was simply to prove that the terms of the charter did not give to the College of Physicians power to prevent him from practising. He proved this by shewing the *vagueness* of the terms of the charter, which drew no line of distinction between medicine and surgery—which did not contemplate those distinctions in medical practice, which the necessities of modern times have given birth to—and which, therefore, is inapplicable to the present condition of the profession. This is what Dr. Harrison originally maintained—and, for proving it by the mere substitution of the word surgery for medicine, his defence is to be called a subterfuge! Supposing that, instead of a case of diseased spine, the College had selected a case of lencorrhœa, or menorrhagia, on which to try the question—would it have been called a subterfuge if his defence had been that this was a case of midwifery, and that he was fully warranted in practising in such a case by the examples of Drs. Merriman and Herbert, neither of whom are members of the College? Supposing that it had been a case of ophthalmia, or of stricture of the œsophagus, or of ulcerated rectum, or of primary or secondary syphilis, or of white swelling, or of stone in the bladder, or of nodosity of the joints, or, lastly, of erysipelas, which is, perhaps, the fairest case of all—can it be gravely argued that Dr. Harrison’s defence would have been uncandid, and a subterfuge, if he had urged that each and every one of these cases partook so largely of the nature of surgery, that the alledged powers of the College charter were inapplicable to them? Why, Sir, this is the very pith and marrow of the question. If I understand Dr. Harrison aright, his position is, that the College charter (which might or might not have been a good and useful thing in the reign of James I.) is not applicable to

the circumstances of the medical profession in the reign of King George the Fourth; and, therefore, that it is *inoperative* at the present time. To my mind, he has succeeded perfectly in proving that point. If the case be otherwise, the College will, of course, move for a new trial, on the ground that the case of Miss — was, in truth, a physician's case (and who ought to know so well as themselves?), and the verdict, therefore, both contrary to evidence and the directions of the judge. If this be done, a new trial granted, and a second jury, of a different opinion from that which sat at Westminster yesterday, then (and not till then) shall I be inclined to think, that "*the question which Dr. Harrison professed it to be his intention to set at rest, remains—precisely where it did.*"

The verdict of a jury having decided against the College, in a case of their own putting, it remains to be inquired, what is the situation in which the College now stands, relatively to the public and to the practising physicians in London not members of that body? This subject, with your permission, I will attempt to investigate in a future letter. In the meantime, I have the honour to be,

Sir,

Your very obedient servant,

ARETÆUS.

London, 4th July, 1828.

PARISIAN NEWS.

Dr. Maisonabe—M. Milli—Mode of Treating Curvatures of the Spine—Alibert: his mode of Lecturing—Lisfranc—Effects of Extirpation of the Cervix Uteri—Baking a Spaniard.

DR. MAISONABE recently presented to the Academy of Medicine a child who was club-footed on both sides, exhibiting, at the same time, very accurate models of the deformity in plaster of Paris; the object of these being to serve as a permanent record of the state of the patient, so that when cured, as he asserts will be the case, no doubt may exist as to the extent of the original malformation. At the following meeting, M. Delpech announced that he had a work forthcoming upon the

subject, comprehending also deformities in general, and the methods he has invented for their cure. The fact is, that this is at present, and, indeed, has been for some time, a favourite subject here; so that a considerable number of establishments have been instituted, where all kinds of malformation and deformity are treated—nay, there is even a periodical on the subject of distortions. My friend and *cicerone*, boasting of this a few days ago, as a proof of the superiority of medical literature in France, I told him (and I am sure you will back me in the statement) that we had been beforehand with him in this respect, as a Journal had been established in London for several years, which was particularly devoted to *distortions* of all kinds. It is the misfortune here, as with us, that most cases, whether of deformity or disease, requiring long continued friction and the patient use of mechanical contrivances, perhaps for several years, generally get into the hands of ignorant persons. The circumstance which turned public attention to these subjects in Paris, was what happened to a young merchant named Milli. He laboured under curvature of the spine, for which he put himself under the care of M. Heine, of Wurtezburg. Whether he was really cured or not, I cannot venture to say, never having seen his back. He says himself that he is perfectly upright, but on this point there are different opinions. However that may be, the journey answered his purpose extremely well, for M. Milli argued, that what the German did for him, he might do for his countrymen, and still more for his countrywomen.

About five years ago, he published a prospectus setting forth his plans, and inviting all the crook-backs of Paris to come to his establishment, then just formed, near the Champs Elysées. As in this manifesto he appealed to his own figure, and said nothing about a pair of stays, which, it is hinted, he wore to hide the inequality of his shoulders, many did come. Milli got puffed in the newspapers—some persons of high rank put themselves under his care—he became the fashion, and, I believe, made a fortune. Many other institutions were speedily formed, several of which have answered the purposes of the founders, whatever may have been the case with regard to those

of the patients. Among these, one of the best is that of Dr. Maisonabe, in the Rue Chevreuse. The minutiae of the contrivances vary in different places, but the general principle is the same in all—that of making extension in the recumbent posture. For this purpose, some form of collar is fixed under the chin, by which the head and upper part of the body are steadied; a girdle is put round the pelvis, by which the body is dragged downwards, and thus the spine is screwed up till it is straight, just as we tighten a fiddle-string by turning the peg. When they leave this piece of machinery, they are put into chairs, with various contrivances for supporting them: the head is fixed above, and the pelvis is strapped down below, so that the patient remains very much in the same state as when lying down. When they walk, they are only allowed to do so on crutches. This, I assure you, is no exaggerated account, as various kinds of wedges are applied over the projecting parts of the spine, and numerous other tortures inflicted besides.

Among the teachers here, none differ so much from those we are accustomed to in England, none, in short, are so purely French, as Alibert, best known as the author of a splendid and somewhat useless work on diseases of the skin. He is a dapper little gentleman, dressed, when I last saw him, in black satin inexpressibles, with a plaid waistcoat and a claret-coloured coat;—"the dress often shews the man."—Now this motley personage presents a singular mixture of real love for his profession and affectation. Thus, during the summer, he does not lecture in a theatre, like other people, but in the open air, surrounded by his pupils—after the manner of peripatetic philosophers. Among other patients was one with *tenea capitis*, the odour of which he asserts to form a perfect diagnosis. Having himself first snuffed up the "diagnostic" with apparent relish, the patient was sent round to be smelt. "*Mais sentez, Messieurs, sentez donc.*" Before the patient reached me, I was relieved from this horrible task by a shower of rain.

What the followers of Plato did on such occasions, I know not; but nothing could be more unphilosophical than the conduct of these modern peripatetics and their master. Off they

went, helter-skelter, to an adjoining building, followed (or I should rather say accompanied) by Alibert himself, who seemed to think it better that his dignity should lose something of its lustre rather than his claret-coloured coat its gloss.

M. Lisfranc, whom I formerly mentioned as rather a coarse-mannered man, is an expert surgeon notwithstanding. At a late meeting of the Academy of Medicine, he stated that he had extirpated portions of the uterus in thirty-six instances, of whom thirty were cured, three died, and three remained under cure. In one of these cases, the operation was performed on the 21st of March, and the wound was quite healed by the beginning of May. M. Lisfranc, however, kept her in the hospital for a fortnight longer, in order to prevent her from taking too much exercise of any kind; but particularly that she might not give herself up, without restraint, "*aux plaisirs de l'amour,*" for which, he asserts, they have, under such circumstances, an irresistible propensity.

A medico-popular kind of exhibition took place at the New Tivoli, a short time ago, in the *baking* of a Spaniard, named Martinez. An oven, shaped something like a dome, and tolerably commodious, was made hot enough to roast a fowl, when Martinez entered it, clothed in thick flannel, and with a large felt hat, and remained for about a quarter of an hour, while his supper was roasting. At the end of this time he came out, and his pulse was found to be above 130, not having exceeded 72 when he went in. After a short time, the oven being heated anew, he entered a second time, sat down and ate the fowl, and then drank wine freely to the health of the spectators. The heat of the thermometer was now about 110 of Reaumur, or nearly 280 of Fahrenheit. During the preceding experiments, the door of the oven had been left open; but, as a finale, Martinez lay down upon a piece of wood, and the door was closed upon him, and some lighted candles placed beside him. How long he would have ventured to remain, I cannot tell; but, after three or four minutes, there was a general cry of *c'est assez, c'est assez*—and the door being opened, shewed the candles extinguished and melted, and the oven filled with oppressive vapour, out of which leaped

the Spaniard, and plunging into a cold bath, which was ready for him, appeared in a few minutes all alive again. His pulse is said to have exceeded 200.

Lest you should think me, indeed, taking advantage of my assumed signature, and exercising a traveller's privilege, I shall for the present conclude.

VOYAGEUR.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society. Vol. XIV. Parts 1 & 2.

(Concluded from page 148.)

Analysis of a specimen of Cutaneous Perspiration. By J. BOSTOCK, M.D. F.R.S.

DR. BRIGHT sent to Dr. Bostock, for analysis, about four ounces of fluid, being the cutaneous perspiration of a patient of his at Guy's Hospital. By various computations (for an account of which we must refer to the original paper), the following was obtained as the result:—

Water	981. 7
Animal Matter	4. 6
Muriate of Soda	12.56
Soda	1.14
Phosphates and Sulphates	
a trace	

1000.00

The animal matter was found to be partly soluble, and partly insoluble, in alcohol. The alcohol being evaporated, afforded a residuum manifesting a certain resemblance to urea, being apparently intermediate in character between this substance and osmazome. The part which was insoluble in the alcohol, resembled most nearly “the substance which forms the principal ingredient of the serosity of the blood.” There was a very minute and scarcely appreciable portion of albumen, but no jelly.

It appears that the patient from whom the perspired fluid was obtained so largely, was a robust sailor, aged 64: he had formerly suffered from gravel, and had slept in damp sheets six days

before his admission. Shivering, eructation, vomiting, pain in the belly, and constipation, followed. These symptoms were relieved, after a short time; when he complained of occasional griping pains, and his stools became deficient in bile; his urine pale, and much increased in quantity. After two days more he had pain round the umbilicus and over the pubes, particularly on pressure, or voiding his urine, the quantity of which now amounted to ten pints in twelve hours. Some dysenteric symptoms next shewed themselves, for which he took ipecacuanha and hydrar. c. creta. His mouth soon became affected, and the state of his bowels improved; but the quantity of urine continued very large. He was ordered to go into the warm bath twice in the week, and this was followed by perspiration so copious, that it was observed “running completely through the bedding, and forming streams upon the floor.” He gained strength notwithstanding, and the urine diminished in quantity, and the patient appears to have got well.

Of the Catarrhus Æstivus, or Summer Catarrh. By J. BOSTOCK, M.D. F.R.S. &c.

IN the tenth volume of the “Transactions” is a notice of this affection, by Dr. Bostock, as it occurred in his own person; and in the present paper he extends his description, giving it a more general form. The number of cases which the author has either seen, or had distinct accounts of, amounts to 18; and he has heard, though less accurately, of 10 others. The general train of phenomena is as follows:—

“Most of them are attended with fulness of the head, stoppage of the nose, sneezing, watering of the eyes, and discharge from the nostrils. In about half of the whole number the respiration is considerably affected, and in three or four instances it is almost the only symptom. Some of the cases are attended with distinct cough, most of them with irritation of the fauces, and some with a degree of sore throat. Actual inflammation of the eyes is not a very common occurrence, and in some of the cases there is not even the discharge of tears, or the irritation of the eyes. The degree of general indisposition varies very much in the different

cases: in some, the patient, during the whole period, is unable to use any exertion, or to continue his ordinary occupations; while in other instances, he feels no inconvenience, except what arises from the fits of sneezing, and the copious discharge from the nose.

“ I have not been able to trace any decided connexion between the peculiar symptoms and any circumstance of age, sex, constitution, or mode of life in the patient. For the most part, indeed, I have found, that in very young persons, the first symptoms that are observed are sneezing and running of the eyes; that the chest is not affected until a later period of life; and that, as age advances, the purely catarrhal symptoms decrease, while the pectoral symptoms have a tendency to increase. With respect to age, I have no account of the complaint commencing earlier than it did in myself, at about eight years, nor have I heard of any very old persons being affected with it: for the most part, however, it seems rather to increase with the advance of life than the contrary; and I have no account of any one who has been once affected by it, ever afterwards losing the tendency. It is remarkable, that all the cases are in the middle or upper classes of society, some indeed of high rank. I have made inquiry at the various dispensaries in London and elsewhere, and I have not heard of a single unequivocal case occurring among the poor. A considerable majority of the cases are males, but I have an account of some females, who suffer severely from the complaint. There is no decided evidence of the complaint being hereditary, except that there is an instance where three members of the same family are affected by it.

“ The immediate cause of the symptoms seems to be sufficiently obvious; it consists in an increased action of the vessels of the membrane which lines the eye-lids, the nose, the fauces, and the pulmonary vesicles, by which it becomes acutely sensible to external impressions, has its natural secretions augmented, and probably its bulk increased; to this last cause I think we may ascribe the very distressing sense of dyspnoea which exists in some of the cases. Although this membrane is continued without interruption over the different organs that are the seat of the affection, yet it is observed that the dif-

ferent parts are affected in different degrees. Hence we may divide the disease into four varieties, according as the eyes, the nose, the fauces, or the lungs, is the part more immediately affected. It is in the last variety only that I have observed the constitutional symptoms of fever, and the subsequent debility, to exist in any considerable degree; and in this case I think we may account for the effect, by supposing that the thickened state of the membrane which lines the vesicles prevents the oxygen of the inspired air from duly acting on the blood.”

An idea has generally prevailed, that some connexion existed between the effluvium of new hay and this affection, and hence it has been called the “ hay fever.” Dr. Bostock, however, is perfectly satisfied that, as regards himself, there is no truth in this supposition. With regard to remedies, the account is very unsatisfactory; but, upon the whole, our author has found depletion injurious, and that some benefit is gained from the moderate use of tonics.

“ The experience of many years has taught me not to expect a cure for the complaint, so that I now only aim at relieving any peculiarly urgent or distressing symptom. Bathing the eyes in tepid water, and fomenting the face generally, occasionally applying small blisters to the chest, mild purgatives, small doses of ipecacuanha, Dover’s powder, squills, and digitalis, bathing the feet in warm water, a moderate but not spare diet, perfect rest, and carefully avoiding all extremes of heat, comprise the whole of the means that I have found useful to myself. In order to prevent others from making useless experiments, I may remark, that among those things which I have tried without success are bark, iron, opium, mercury, large blisters, topical bleeding, the waters of Harrowgate and Leamington, the baths of Bath and Buxton, sea-bathing, the shower-bath, abstinence from wine and animal food, and a more free use of them; each of these having been made, as it may be said, the subject of distinct experiment, and persevered in until some circumstance rendered it necessary to discontinue them, or until they produced a decidedly injurious effect.

“ While this paper was in the press, I was informed by a friend, on whose accuracy I could place implicit confi-

dence, that great relief had been experienced in two cases of the complaint, by applying to the eyes and nostrils a very weak infusion of the tincture of opium, in the proportion of one or two drops of the tincture to an ounce of water. I regret to say, that in the trial which I have hitherto made, it does not appear to produce the same beneficial effect on the symptoms."

Case of Rupture of the Stomach, produced by vomiting, with some observations. By J. N. WEEKES, Esq. &c.

A MAN, 34 years of age, had been subject to attacks of pain at stomach for two years; these generally went off with vomiting—the intervals being irregular, and sometimes lasting many weeks. About Christmas he vomited a large quantity of blood, since which time his health has been much impaired, the attacks of pain and vomiting having been more frequent.

On the evening of April 13th he was brought to St. Bartholomew's Hospital, suffering great pain, extending from the epigastrium over the whole abdomen. There was nausea, but neither tenderness nor tension of the abdomen; pulse frequent, tongue clean. He attributed these symptoms to having drank some shrub and water, having had a similar attack a week before, after indulgence in spirituous liquors. On the following day the pain was better; but at eleven at night he had another attack of excruciating pain—the abdominal muscles hard and contracted, but the belly not tender on pressure; pulse small and feeble. Sixty drops of laudanum were administered, and not giving relief, were repeated; still, however, without benefit, as the pain continued for about two hours, when he was seized with violent vomiting. The pain was now rather better, and the vomiting ceased; but the patient sank rapidly, and died at four o'clock in the morning.

On opening the abdomen, the stomach was observed to be flaccid and empty, and its contents, which consisted of a large quantity of dark-brown fluid, were effused into the peritoneal cavity, through a ragged opening situated on its anterior surface, and near the œsophageal orifice. The rupture extended from below the lesser arch of the stomach to near its cardiac extremity, and was about four inches in

length. The three membranes were not torn equally, the rupture of the peritoneal extending an inch farther than that of the muscular or mucous coat. On the posterior surface of the stomach was a laceration, measuring three inches in length; and there were two or three small ones, from an inch to an inch and a half in length, at its great arch. These lacerations extended only through the peritoneal coat of the stomach, the muscular and mucous tunics remaining perfectly whole. The mucous membrane of the stomach was lined with a great deal of dark-coloured secretion, beneath which the membrane itself was of a deep red colour throughout; its texture was softened, and partially emphysematous; the stomach, in other respects, appeared healthy. The liver was pale and softened; the gall-bladder contained a calculus; the structure of the spleen was unusually soft; the other viscera were healthy.

The remarkable features in this case are, the extent of the rupture of the stomach, with so little disease of its coats, there being no thickening or ulceration at the part where it gave way.

A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology, and facilitating their Diagnosis. By C. J. B. WILLIAMS, M.D.

WE have often had occasion to smile at the earnestness and enthusiastic fondness with which writers especially advocate the cause of the particular theory or novelty that has attracted their attention, and to which they have especially devoted their inquiries; but this enthusiasm is, nevertheless, necessary, for if every new suggestion were merely announced to the world with critical coolness, the world would take no notice of it, and it would soon be disposed of in the "tomb of all the Capulets." But hyperbolic praise excites discussion; that which is announced extravagantly is as extravagantly opposed; and thus, from the conflict of opinions, the solid and candid portion of the profession is enabled to judge as to the real value of the numberless new-fangled doctrines and schemes that are perpetually presented to their notice.

Without intending offence to Dr.

Williams, or to any of those gentlemen who have so laudably exerted themselves in making the practitioners of this country acquainted with the merits and uses of the stethoscope, we may be allowed to say, that perhaps no novelty lately introduced into the science of medicine has been so much, and so indiscriminately, extolled as this instrument; thereby affording one of the most apposite illustrations of the remark we ventured to make in the outset.

We are very much inclined to think, however, that the use of the stethoscope is still very imperfectly known in this country, partly, perhaps, from prejudice, and partly from the difficulty of making out exactly the meaning of the different sounds by verbal descriptions only—one or two good practical lessons being evidently of more value in this instance than the most careful perusal of the most elaborate work. But of all the works on this subject that we have yet seen, we are inclined much to prefer that of Dr. Williams: he has evidently a thorough knowledge of his subject—he defines clearly the meaning of all the various terms of this new art as he goes along, and he gives such plain practical directions for its employment (assisted by figures), that it is scarcely possible to misconceive him. From Dr. Williams's preface, it appears not only that he was a warm admirer, but a close and attentive pupil, of Laennec. It is impossible for us to quote any isolated passage from a book of this nature—we notice it in order to recommend its perusal to our readers, because it contains, in a small compass, all that can be said, or need be known, respecting percussion and auscultation: the terms of the art are well defined and explained, and some of the points of pathology connected with diseases of the chest, are discussed with great ingenuity.

MEDICAL GAZETTE.

Saturday, July 12, 1828.

"*Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*"—CICERO.

SELLING DIPLOMAS.

It has been discovered that a very nefarious practice of selling the diploma

of the College of Surgeons, and the certificate of the Society of Apothecaries, has taken place to some extent. It has been done by erasing the name of the person really holding the diploma, or certificate, and inserting that of the purchaser; a proceeding equally disgraceful to both parties, but which, we trust, measures will immediately be taken to render difficult at least, if not impossible, for the future.

WESTMINSTER HOSPITAL.

An outcry has been raised in some of the newspapers about the removal of this hospital, and some attempt has been made at throwing obstacles in the way of its accomplishment. The want of an hospital near Charing-Cross has been long felt, and various unsuccessful attempts have been made to raise funds for the purpose of erecting one. To have two large hospitals so close together as the Westminster and St. George's, would be absurd; and as the increased size of the latter (the building of which rapidly advances) will amply compensate to lower Westminster for the loss of the former, we think the change of locality for the advantage of the public.

At a meeting held a few days ago, the matter was definitively settled in favour of the movement, and lack of sufficient funds alone will cause any delay in its execution. We have no doubt that some local interests, which are likely to suffer by the change, would form a KEY to the opposition which has been shewn*.

EVENING MEETINGS AT THE COLLEGE OF PHYSICIANS.

On Wednesday the 25th ult. the Harveian Oration of Dr. Cooke was read by

* On the ground granted by the Crown for the new hospital, at present stands a very celebrated establishment called the Key! This, for the benefit of country readers.

the Registrar. The ground has been too often trod to admit of much novelty, and on the present occasion, as in most others, it is rather to be looked upon as a display of classical attainment, than in any other point of view.

On the evening of the same day, the last of the public meetings for the season was held. These *soirées* have been well attended, and we have no doubt have been of use to the profession at large—removing prejudices, and substituting better feelings in their stead. “Men are softened by intercourse mutually profitable, and instructed by comparing their own notions with those of others.” The custom of annually admitting a Licentiate to the Fellowship, which was so long neglected, seems again to be fully established; and we had to announce in a former number that the selection on the present occasion had fallen on Dr. Holland. This is in accordance with general expectation—that gentleman, from his successful career as a practitioner, having been brought much into contact with some of the leading members of the College, while he is well known as an accomplished man, and as the author of a very interesting volume of Travels.

DR. LATHAM ON INSANITY.

ON the last evening meeting at the College of Physicians, an interesting paper, by Dr. Latham, was read, on “*The Diagnostics of Insanity, with more immediate reference to Commissions of Lunacy;*” and of which we subjoin an analysis.

The various mental affections comprehended under the general appellation of Insanity, differ so essentially from each other, as to require a separate consideration. The operation of mind may be considered as threefold: first, it simply apprehends or forms an abstract idea of a thing—black, white, wood, stone, &c.: secondly, it discriminates one thing from another—as

what is black from what is white, wood from stone, &c.—this is called judging: thirdly, it reasons upon its judgments, and compares various objects—it connects colour with certain bodies, as black or white with the wall—it considers the nature of the substance which receives the colouring matter, &c.—and “even to an indefinite extent expands itself through all the mazes and complexities of ratiocination.” This constitutes the discussive faculty. These three properties of mind, taken together, form intellect, the possession of which renders an individual *compos mentis*; still, however, volition and memory are required, to give efficiency to the mental attributes: without volition there cannot be a regular supply of objects presented to the mind; and without memory, the judgment must be defective, as without it comparisons cannot be instituted, or inferences drawn. Further, a man may perceive things as they are external objects and appreciated by sensation, or he may perceive them from other than external sources, being thrown back “as from a mirror,” from the combination and association of numerous impressions—this is reflection: but these faculties may be impaired, sensation may be imperfect, and reflection erroneous, and thus the materials presented to the intellect being deteriorated, the operations of the mind become disturbed, and signs of insanity to a greater or less extent are manifested: he now becomes *non compos mentis*.

Insanity may be regarded as comprehending two orders—derangement and imbecility; and again, derangement may be divided into several varieties. Madness is that where merely the operations of apprehension, judgment, and ratiocination, are disturbed; but where this also extends to volition, memory, sensation, and reflection, so that the intellect cannot conduct any uniform or consistent operation, this condition obviously incapacitates a man for the charge of his own affairs, and may be analogically compared to “continued fever.”

Lunacy is where the mind is not entirely incapable of performing its ordinary operations; where memory is generally tenacious, sensation acute, and reflection sometimes strong, and even accurate, but where the intellect is imperfect “as to its conceptions, its con-

sistencies, or its deductions." Here doubts may arise as to the fitness of the individual to manage his own affairs. It is madness with remissions, and may be compared with "remittent fever."

Lucid interval is when the mind again becomes capable of performing its functions, so that the individual is, for the time, *compos mentis*; but still he is only, as it were, in the intermission of an ague. The longer this intermission continues, the better—but the disease will sometimes suddenly return, even under the most flattering appearances, on the application of its exciting causes. It is only when he can bear the introduction of those topics which are connected with the original exciting causes, without manifesting any aberration, that he can properly be looked upon as fit to take charge of himself and his affairs. Lucid interval, therefore, is like the soberness of the habitual drunkard which follows sleep—an imperfect remission—a state of feverish irritability; soon, it is to be feared, to relapse into its former condition.

It is in cases of this nature that medical men have most difficulty, when consulted on commissions of lunacy. Indeed, those most conversant with the subject may be deceived, unless the particular point on which the patient is deranged be communicated to them. But when the commission is opposed, this is generally very carefully concealed, so that the jury are puzzled by a contrariety of evidence. Dr. Latham is of opinion that the man himself ought always to be examined, as the true nature of the case will often be thus elicited. His conduct, habits, and "epistolary correspondence," ought to be enquired into.

Of the second order of insanity—namely, imbecility of intellect—there are also three varieties.

Idiotcy is the lowest condition of intellect: it is a question whether even simple apprehension be exercised, and, at all events, there is probably nothing like judgment, or ratiocination. There is, in truth, what may be called "a complete amaurosis of intellect, where no image can either be planted or reflected:" of course, such an individual is altogether unfit for the management of his affairs.

Fatuity is a step above the preceding, but the limits are frequently so in-

distinct as scarcely to admit of being pointed out.

Weakness of intellect "is that condition where impressions, however forcibly made, are but very feebly retained." Apprehension, judgment, and the discussive faculty, may exist to a certain extent, but there is so little volition and memory to supply them, that there is often doubt whether there be any reflection. The individual ought to be examined on the points before-mentioned; but, after all, it will sometimes be matter of question whether a commission ought to be granted or not. A weakness of intellect is sometimes the accompaniment of advanced years, to such an extent as to render the individual "non compos mentis." It occasionally happens, that, before the body has become impaired, the mind loses its peculiar energies, neither the past nor future making any impression; the business of the immediate moment alone is perceived with clearness. Such an individual can neither be looked upon as absolutely insane nor as an idiot, although, at the same time, he is not fit to be trusted with the management of his affairs. Injury of the brain from accidents, palsy, and such-like affections, may likewise bring the patient into a state in which it is difficult to say whether or not he be "compos." It will always remain for a jury to determine how far an individual retains mental vigour sufficient to enable him to keep his place in society: if it appears that he is already surrounded by his natural guardians, and has made his testamentary arrangements, for the most part he ought to be left undisturbed. Dr. Latham is of opinion that a jury, taking all the circumstances of such a case into consideration, will seldom come to an improper conclusion.

At present there is nothing intermediate between absolutely granting and refusing a commission of lunacy: but Dr. Latham thinks, that if the jury be not unanimous—the majority being against the commission—still, that a certain number of the jury being of a different opinion, shews some doubt to exist as to the competency of the individual to manage his affairs; and, therefore, instead of turning him loose upon society, without restraint or protection, that the commission ought to remain in abeyance; during which the

supposed lunatic, or imbecile person, should be prohibited from making a will, executing a deed, marrying, or any other act which might involve himself or his property in difficulty. In short, he ought to be considered as an infant under age, and be made a ward of Chancery.

Dr. Latham concluded his observations by relating the following case:—A young lady of weak intellect, whose friends thought her not under proper guardianship with her relations, applied for a commission. She had been taught writing, arithmetic, and music. On one occasion, when examined by Dr. Latham, she played Handel's *Battle of Prague*, but could not count the amount of a guinea out of money laid upon the table. This and other instances of imperfect intellect were deposed, on oath, by three physicians; but the young lady being examined before the jury, was asked how many shillings made a guinea?—to which question she happened to give, on this occasion, a correct answer, and the commission was refused. She married injudiciously, and her fortune, which was originally considerable, was soon insufficient to secure herself and her children from want.

A short paper, by Mr. Howship, was afterwards read, detailing a case of intemperance.

ACUTE RHEUMATISM, WITH PETECHIÆ.

To the Editors of the London Medical Gazette.

Elgin, 23d June, 1828.

GENTLEMEN,

IF you think the following communication sufficiently important to be published in the *London Medical Gazette*, you will greatly oblige me by giving it a place in an early number. Wishing you every possible success in your useful labours,

I am, Gentlemen,

Your most obedient servant,

JOHN PAUL, M.D.

Member of the Royal College of Surgeons in London.

Feb. 11th, 1828.—A young woman of the name of Ogilvie, æt. 23, and of

robust constitution, labouring under acute rheumatism in a very aggravated form, came under my care this afternoon. She had been exposed to a great deal of wet and cold during the winter, having been employed as a farm servant; but her health continued good till three days ago, when she was seized with pains in her joints. At present the pain is so acute in her shoulders, back, and loins, that she is unable to turn herself in bed; it is also severely felt in various other parts, more particularly in the articulations of the left arm, and in the muscles of the left thigh and leg. There is no swelling of the affected joints, or redness of the integuments; but the slightest touch gives exquisite pain. Skin hot, and covered with perspiration; face expressive of great suffering; tongue brown, dry, and rough; pulse 98, and strong; bowels confined.

Fiat V. S. ad 3xviii. et habeat statim Calomel gr. v. et Pulv. Opii gr. j. et eadem hora somni. Cras Mane Pulv. Jalap, c. 3j.

12th.—After taking the second dose of the calomel and opium, she felt easier, and had some sleep. To-day she does not appear to be much relieved of pain. Blood sily, but not so much as might be expected. Physic has only operated once.

Habeat Inf. Sennæ, cum Sulph. Magnes. donec alvus bene purgatur, et postea Cal. et Opium ut heri.

13th.—Bowels well purged yesterday. Took three doses of calomel and opium; was a good deal relieved of pain after the third dose. To-day complains of pain as much as ever, which appears to shift from place to place. Let her have in the course of the day four doses of calomel and opium.

14th.—Much in the same state as yesterday. Bowels confined. Took all the calomel and opium prescribed yesterday.

Repetatur Inf. Sennæ c. Sulph. Magnes. Cont. Cal. et Opium.

18th.—Has taken daily since last report three doses of calomel and opium. Slight mercurial foetor perceptible in the breath, and feels her gums getting tender. At times she is greatly relieved of pain, but it returns with considerable severity. The least motion increases the pain, and she is yet scarcely able to

turn herself in bed. Pulse 98; skin hot, and for the most part covered with perspiration; tongue brown, but moist.

Habeat Inf. Sennæ c. Sulph. Magnes. et deinde Cal. et Opium ut antea.

20th.—No change.

Ord. Pulv. Jalap. c. ʒj.

22d.—Complains less of pain; bowels confined.

Rep. Pulv. Jalap. c.

23d.—Mouth pretty sore.

Sumat Cal. gr. v. et Pulv. Opii gr. ij. statim et h. s.

24th.—Slight ptyalism. Still harassed with rheumatic pain, but in a much less degree, and is now able to turn herself in bed.

Omit Cal. and Opium.

R Pulv. Rad. Colchici.

Extr. Hyosciam. n. a. gr. ij. M. fiat pilula ter indies sumend.

26th.—Mouth very sore; always complains a little of rheumatic pain.

Utatur garg. Inf. Rosæ. Cont. Pil.

March 2d.—Mouth continues very sore; not yet quite free from pain.

Capiat Pulv. Jalap. c. ʒij.

5th.—Complains a good deal of weakness, and petechiæ are appearing on various parts of her body. Passed some blood by stool this morning. Is now completely relieved of pain; mouth still very sore.

Omit Pil. Habeat Pulv. Cinch. ʒss. in haust. c. Acid. Sulph. a. gutt. xv. ter in die.

6th.—Has had frequent and rather profuse discharges of blood by stool; petechiæ are over the whole body, and blood is oozing from the gums; features very much attenuated; skin cool; great prostration of strength; pulse 110, and weak.

Omit the Bark, and substitute the Sulphate of Quinine, in doses of 2 grs. as often as the stomach will bear, with the Elixir of Vitriol. Ordered to have some port wine from time to time, and strong beef tea.

7th.—Has not passed any blood by stool to-day, and is much improved in strength; has taken 20 grs. of quinine within twenty-four hours; mouth very sore from the calomel, but there is no oozing of blood from the gums.

Continue the Sulphate of Quinine.

8th.—Gains strength, and continues free from rheumatic pain. Took, since yesterday, 10 grs. of quinine. Gums not so sore. Petechiæ are fading.

9th.—Improving in strength.

Ol. Ricini, ʒss.

10th.—Castor oil operated well, and there is no appearance of blood in the discharges.

Ordered 6 grs. of Quinine daily.

13th.—Convalescent: petechiæ scarcely perceptible. Quinine may be continued a few days longer.

17th.—Quite free from complaint.

REMARKS.—There is nothing new in the exhibition of calomel and opium, in the treatment of acute rheumatism, and I have been long in the habit of giving calomel in this form, after pretty free sanguineous depletion; but never in such large doses as on the present occasion, till I was satisfied of the advantage of bringing the system rapidly under the influence of mercury by the perusal of Dr. Chambers's cases in the Medical and Physical Journal. The progress of this case, however, distinctly shews that rheumatic inflammation does not always entirely subside when ptyalism is produced; still, calomel combined with opium, judiciously used, appears to have a more powerful effect in controlling, if not in subduing it, than any other therapeutic means that we possess.

The use of mercury has of late years been extended to the treatment of various acute diseases, with the best results; and, if not out of place, I may here remark, that, in two very hopeless cases of croup, which occurred recently, the period for depletory measures having been lost, I administered calomel combined with opium, and rubbed in the stronger mercurial ointment, without much reference to quantity; and in this manner I succeeded very quickly in affecting the system with mercury;—by which means, I fortunately saved both patients. From the result of these cases it would appear, that in this complaint, always formidable, and often fatal, if the local inflammatory action be not speedily arrested, no time should be lost in attempting to produce, as quickly as possible, the constitutional effect of mercury.

Except its severity, there was nothing remarkable in the case under immediate consideration, till the petechiæ and dis-

charges of blood from the bowels appeared; and had it not been for these occurrences, and to shew the decided good effect of the sulphate of quinine, I would never have thought it deserving of being published. These occurrences, then, being unusual, it may not be uninteresting to inquire into the causes to which they can be ascribed. It is maintained by many, that the blood becomes more liquid when the system is under the influence of mercury; and the same thing, I should think, must happen in the latter stages of all protracted acute diseases. This condition of the blood may be favourable to its transmission through the extreme vessels; but still, unless these vessels have, in some measure, lost their contractile power, no blood can escape through them. It is not unreasonable to suppose that the tonicity of the exhalants may be weakened by the effect of mercury, when a patient, labouring under a protracted acute disease, is oversaturated with that mineral; and I am inclined to think that, in the above case, the calomel was pushed too far. It would probably have been better to have detracted blood again, and to have given the calomel in smaller doses. It is unnecessary to make any remarks regarding the sulphate of quinine, since its superiority, as a remedy in various complaints, is now so well established; and, in this case, its effect in giving tone very quickly to the system was strikingly manifest:—it is, indeed, a remedy of Herculean powers.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Aneurismal Varix—Operation.

A CASE of this kind was operated upon by Mr. Green, a few weeks since, which was interesting in itself, and of which a correct report has been made the more necessary, owing to a very erroneous account of it having been published in another Journal.

George Pascall, æt. 25. The patient stated, that, five years before, he had been cupped on the temple, and that soon after a swelling had appeared there, which had burst twice in the course of three months; but that, both

times, the hæmorrhage had been restrained by pressure. There was a tumor on the left temple, two inches in length, extending from the outer angle of the eye to above the ear; it was of about the thickness of a finger, was soft and compressible, and in every respect resembled a varicose vein. Terminating this tumor, in front was a small rounded projection, more prominent than the rest, and having a very distinct pulsation. So great was the noise caused by its beating, that it materially disturbed the patient's rest; and when a stethoscope was applied to it, the sound was like that of a large aneurism. On applying firm pressure on any part of the dilated vein, the pulsation in the smaller tumor ceased; the reason of this was afterwards found to be, that one of the arteries supplying the aneurismal sac had the same course as the vein. It appeared probable that more than one vessel supplied the sac, because, on emptying it by pressing with the finger, and then carrying the finger backwards along the vein, all the time keeping up firm pressure, in a few minutes the vein and pulsating tumor filled again. Mr. Green thought it best entirely to remove both the varix and the communicating cavity.

The first of the accompanying cuts represents the disease as it appeared immediately before the operation. Two incisions were made through the integuments, so as completely to insulate the whole tumor; the principal artery was then laid bare, and secured with a ligature at the posterior extremity of the incision, and both vein and artery were dissected from the cellular membrane up to the cavity of communication, which was found to be the small pulsating tumor. Here another small artery was tied, supposed to be that which assisted to supply the sac*. The vein and artery were then divided close to the first ligature; and the vein bleeding freely, it was taken up along with two small arterial branches, which were included in the same ligature.

Fig. 2 represents the two principal vessels after being filled with quicksilver, and dissected clean. It will be seen that both vessels were obliterated beyond the point at which they commu-

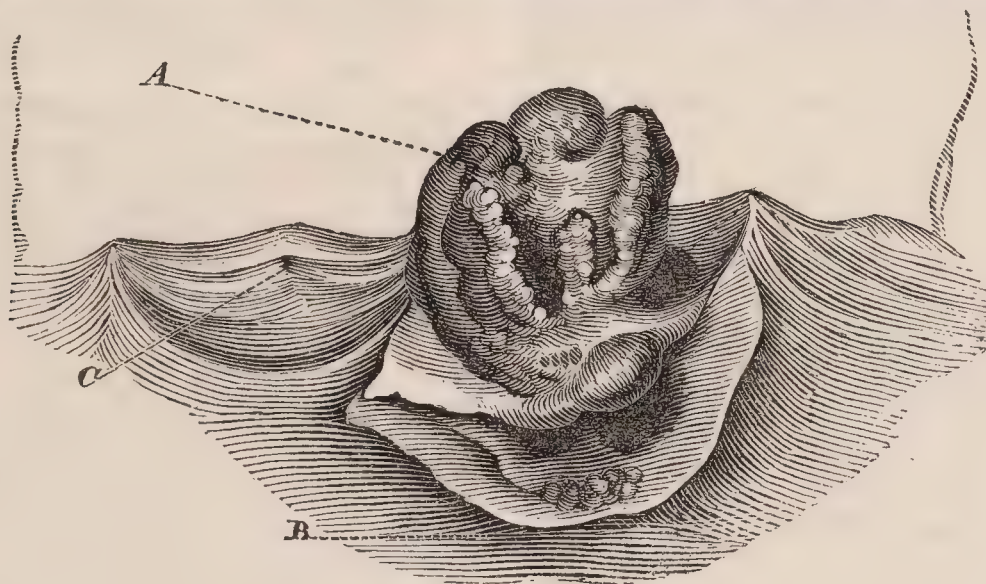
* Mr. Green thought that this might possibly be the continuation of the principal artery, not quite obliterated.

nicated. The smaller nutrient artery, above spoken of, must have been very minute, as no vestige of it remained in the preparation.

For two or three nights afterwards, the patient complained of a noise in

that side of his head similar to that which had so much annoyed him before the operation. This soon ceased; all the ligatures have since come away, and the wound is now filling up by granulation.

EXCRESCENCE FROM ONE OF THE SEMILUNAR VALVES OF THE AORTA.

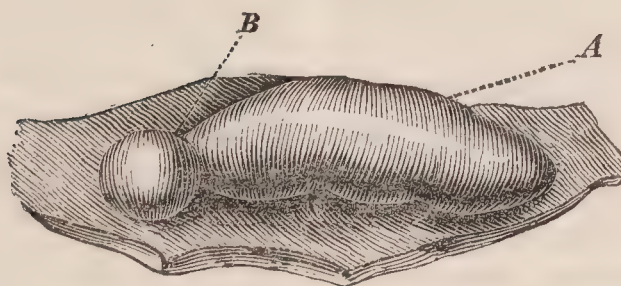


- (A) The principal tumor.
- (B) The extent of the cavity behind it.
- (C) The smaller excrescence.

VARICOSE ANEURISM.

(Fig. 1.)

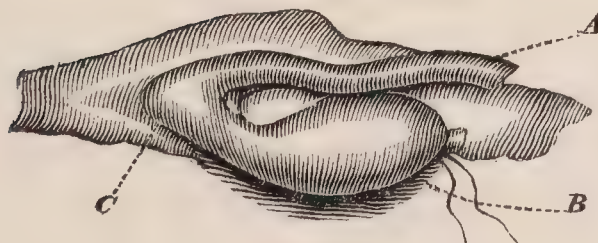
View from without.



- (A) Enlarged vein.
- (B) Pulsating tumor.

(Fig. 2.)

View from within.



- (A) The artery—of its natural size.
- (B) The vein.
- (C) The cavity formed by their communication.

ST. GEORGE'S HOSPITAL.

CASE I.—*Abscess in the right Iliac Region, communicating with the Interior of the Intestinal Canal, and forming an Artificial Anus.*

GRACE HARRIS, ætatis 21, was admitted into this Hospital on the 14th of May, with an artificial anus in the right groin, of which she gave the following account.

About a fortnight before Christmas last, she received a kick in the groin from a little girl, and in the course of a month, or rather less, she began to be affected with pain and throbbing in the part, which were not, however, severe, except after taking exercise. She was at this time confined to her room, but not her bed, and was attended by Mr. Acet, of Torrington-Street, who ordered her various medicines, and subsequently a blister, leeches, and fomentations. The pain was not acute, and was confined to a particular spot, immediately below the anterior superior spinous process of the ilium. A little better than a month ago, she first perceived some swelling, which was poulticed and fomented; and in the course of a short time a puncture was made by Mr. Acet, giving issue to nearly half a pint of the most abominably offensive matter. The abscess continued to discharge, and, at the expiration of a week, she noticed fæcal matter in the poultice, which has been evacuated ever since, though only every other day, and in trifling quantity. The menstrual discharge has ceased since Christmas, and she has been always subject to attacks of "liver complaint," so severe as to confine her to her bed for months together.

Such is the history she gives of her complaint; and, from the clear and satisfactory manner in which it is delivered, it may be relied on with much more confidence than can usually be given to the statements of hospital patients.

On examining the groin, a small and oblong opening is discovered, about an inch and a half on the inside of the anterior superior spinous process of the ilium, from which there is a constant flow of thin and dirty-looking pus. The integuments around, and in the line of Poupart's ligament, are excoriated and inflamed, and the odour of the patient is strongly fæcal. There is little or no pain, except when the fæces pass, at which moment she experiences

a kind of gurgling, and very unpleasant sensation in the groin. Her appearance is scrofulous and hectic; pulse quick and wiry; tongue red; feels flushed in the evenings, and is troubled with dry cough in the mornings; appetite voracious; much debility.

R Quininae sulphatis, grs. ij. Acid. sulph. dilut. ℥vi. Aq. distill. 3j. Tinct. Opii, gtt. iij. M. ter die. Vin. rub. oss. quotidie.

19th.—The discharge of fæces from the groin has been greater for the last few days. In order to give a ready exit to the matter, Mr. Brodie introduced a director into the sinus, passing it downwards and inwards for the space of an inch and a half, in the line of Poupart's ligament; but a little above it. An incision was made from the end of the director, and the parts divided along the groove, so as to lay open the sinus in its whole extent. Mr. Brodie imagined that the director passed between the oblique and transversalis muscles, and on placing his finger in the wound, it could be carried on, apparently under Poupart's ligament, into the cavity of a considerable abscess. The part was ordered to be dressed with lint, tow to soak up the discharge, oiled skin over that, and a solution of the chlorate of lime to destroy the disagreeable effluvia.

23d.—The discharge, both of pus and fæces, has diminished since the operation, and her appearance generally has much improved. The quinine having produced a little feverishness, and the bowels being purged, she was directed to discontinue it a day or two ago, and ordered an oz. of mistura cretæ, with a scruple of aromatic confection, and ten minims of tincturæ opii. The purging ceased, and she has resumed the quinine.

She went on improving in appearance until the 2d of June, when we find by our report that the discharge was lessening in quantity, and had been entirely unmixed with fæces for several days. The bowels being confined, the quinine was once more discontinued, and saline draughts, with three grains of calomel and eight of colocynth, ordered in its stead. The discharge continued to diminish, and for upwards of a week was free from fæcal matter. On the 13th, however, we found that the girl had experienced some anxiety on account of her mother, which had evidently thrown her back; the health being affected, the fæces issuing from the

groin, and the purulent discharge being more profuse.

In the course of a day or two, another but smaller abscess burst on the outside of the old one, and gave issue to a mixture of pus and fæces in considerable quantity. She became thinner and weaker, and expressed a wish to be wheeled into the park in a chair, which was acceded to. On the 23d, the medicine was changed for—

Haust. Cinchonæ, ℥j. Potass. Subcarb. ℥j. M. ter die, c. succi limonis, ℥j.

27th.—Tinct. Cinch. ℥ss. Potass. subcarb. ℥j. Aq. ℥ss. M. ter die adjectâ succi limonis, ℥ss.

July 5th.—Omittatur Haustus olim præscript. R Pulv. Rhei, ℥j. Magnes. carb. gr. x. M. statim sumend.

At present she is evidently worse than she was a short time after her admission. The discharge is copious, thin, and watery; the fæces pass through the opening at the groin; the sinus is extensive, and its edges are inflamed; and her appetite is extremely indifferent.

Mr. Brodie is of opinion that an abscess having formed in the cellular membrane lying in the iliac fossa, communicated either with the cavity of the cæcum or small intestine, most probably the former. Mr. Brodie has seen a somewhat similar case, where the opening in the gut was the consequence of suppuration in the glands of the groin. The patient died; but in another, in whom the symptoms were precisely similar, the disease was arrested before the intestine was affected, and, we believe, the swelling in the groin subsided. The improvement in the present case, after the sinus had been laid open, was, at one time, so decided, that sanguine hopes of recovery were entertained. The hectic and attenuated condition of the patient, as well as the quality and quantity of the discharge, are calculated to damp the expectations which were formed, and lead one to imagine that the cellular membrane is deeply and extensively affected, if the bones themselves are not diseased. Little can be effected by art, and it remains to be seen if much will be done by nature.

CASE II.—We shall next detail a case of polypus growing from the uterus, which was removed by the double canula and ligature.

Elizabeth Buggins, ætatis 41, was admitted, under Mr. Brodie, on the 14th

of May, with symptoms of polypus of the uterus, which had begun three years before, and were attended with a profuse and bloody discharge from the vagina. The polypus was large, so much so that the finger was unable to reach the os internum, or even the neck of the polypus itself. She was a married woman, and had borne a child, which was still living. The catamenia had ceased when the symptoms of the disease commenced, and she was of a pale unhealthy aspect.

The bowels were opened with castor oil, and on the 5th of June Mr. Brodie proceeded to apply a ligature to the polypus. It was at first attempted to drag it down, with the nectis, to the external orifice of the vagina, but its size was such, that although a great degree of force was used, the attempt was unsuccessful; and at length, the perinæ beginning to give way, it was abandoned altogether. A second attempt was made to draw the tumor down by means of Lisfranc's double hook, but Mr. Brodie finding it in vain, determined on applying a ligature round the neck of the polypus, which was done by the double canula with great facility. The canula was left in the vagina, in order that the ligature might be tightened from day to day. The patient bore the operation well, although the attempts to drag the polypus to the mouth of the vagina were attended with excessive pain; the tying of the noose by the canula gave little or none at all.

H. Salin. c. Liq. Ant. Tart. ℥xv. 4tis horis.

6th.—Slept a little in the night, but suffers extremely whenever the bladder is distended, or when she voids her motions. In other respects she is doing well.

8th.—The ligature has been tightened from day to day; discharge profuse, and apparently mixed with pus; countenance pale; occasional head-ache; pulse 65, and soft; no pain in the abdomen. The water is drawn off, and the bowels are regularly opened.

I. ot. Chloratis Sodæ applicand.

11th.—On tightening the ligature this morning, it was found to have cut through the cervix of the polypus, and the canula was taken out. After a little difficulty the tumor was drawn away by the double hook, and proved to be about the size of a small melon, and of a fleshy or fibrous structure.

The discharge diminished after the removal of the tumor, and on the 17th it had completely ceased. She was put upon bark and sulphuric acid; her health improved; she gained a little strength; and on the 2d of the present month she was dismissed the hospital.

Mr. Brodie observed to the pupils that he had never seen a polypus of so large a size. He first of all attempted to draw it down, because he was unable to reach the cervix with his finger, and of course was unable to ascertain with precision from what part of the uterus it grew. The bulk, however, was so great, that unless the perineum had been divided, it was impossible to bring it down. In a similar case, M. Dupuytren did divide the perineum, but Mr. Brodie was unwilling to resort to this, as it would expose the patient to all the inconveniences which follow a laceration of the part.

Operations.

On Thursday last (3d July) two patients were operated on for stone by Mr. Keate. The one was a child, the other a lad of 15, and both are doing well. The operation on the child was completed in *forty seconds*; and in a case in which the same surgeon operated a month or two ago, the time was something less! The stone in the boy was extremely large, and a little difficulty was experienced in extracting it.

On the same day a patient was trephined by Mr. Brodie. The case will be detailed, with several others of injuries of the head, in our two succeeding numbers; when we shall also allude to the clinical lecture delivered by Mr. Brodie.

GUY'S HOSPITAL.

Effects of Nux Vomica.

A PATIENT died in the hospital last week, of hydro-thorax. The husband stated that, some years before, she had taken a quantity of nux vomica, which had produced symptoms like those of hydrophobia, and he was particularly desirous of having the stomach examined, in order to ascertain whether the poison had there left any traces of its action. Dr. Back, therefore, had the patient opened, and the mucous lining of the stomach particularly examined; but not a trace of inflammation, or other derangement, could be seen. The mucous membrane was perfectly colourless.

G.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

July 2d, 1828.

DR. BILLING, PRESIDENT, IN THE CHAIR.

THE minutes of the former meeting having been read,

Mr. Cooke exhibited to the Society a modification of the iron splint for fractures, recommended by Mr. Hodson, of Birmingham, and made by Mr. Flint, of that town.

Dr. Babington related a fatal instance of hernia of the foramen ovale, which occurred in a lady, forty-five years of age. The portion of the ileum strangulated was merely a nipple-like process, not embracing the whole caliber of the bowel. The Doctor likewise showed to the Society a pullet's egg, of extraordinary size, taken from the body after death. It was twice the size of a common hen's egg, and the pullet appeared to die from inability to expel it. He also produced seventy biliary calculi, some of them of considerable size. They had completely filled the gall-bladder, and the person from whom they were taken had never undergone any paroxysm indicative of their existence, but he had suffered from continued stomach uneasiness. As an object of curiosity, he also produced specimens of white and black hair, taken from the head of a middle-aged man. The patch of white, equal in extent to the palm of the hand, had formed within a month.

Dr. Whiting and Mr. Cooke adduced instances of a similar change, and in both cases the alteration of the colour of the hair followed rheumatic fever.

A long and very interesting discussion ensued from the relation of Dr. Babington's case of hernia, on the circumstances which should guide the surgeon in performing the operation in obscure cases; and on Dr. Blundell's proposal of opening the abdomen, and tracing the intestines in cases of mechanical obstruction, when there exists no external sign of hernia; and on the administration of drastic purgatives.

The evening closed with the reading of a paper, by Mr. Key, entitled, "Memoir on the dislocation of the head of the Radius," which will be published in our next number.

The President congratulated the meeting on the very auspicious circumstances under which the Society closed its meetings, and adjourned them till Wednesday, Oct. 1.

NOTICES.

We have to acknowledge the receipt of Communications from "Mr. Earle"—"Mr. Key"—"Mr. Jewel"—"Mr. Williams"—"R. T."

The Regulations alluded to by "Aliquis" are not to be obtained in London—they were printed by Walker and Grieg, Parliament-Stairs, Edinburgh.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 33.]

SATURDAY, JULY 19, 1828.

[VOL. II.]

SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

BY W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

(Continued from page 132.)

REMITTENT FEVER.

I AT first doubted whether I ought to consider this disease as a variety or modification of intermittent fever or not, but I have determined to place it under a separate head altogether; for this reason, that although, like intermittent, it often arises from marsh miasmata, or analogous effluvia, yet there is some reason for supposing that it is producible from other causes; at any rate it is known to occur when such miasmata are not discoverable at its source.

I should say, with respect to its origin, that it may be traced in most cases, when it attacks adults at least, to the influence of marsh miasma (under this head I include all other miasmata which are similar to this effluvium). It is, in fact, found mixed up with intermittents in fenny countries, and occasionally passing into intermittents, and not unfrequently succeeding that disease in the same patient. It is observed also to prevail in India and China, and other hot climates, in the unhealthiest season, viz. in August and September; and to be followed, in the same districts, by intermittents in October and November, which are cooler and healthier months.

It may fairly be asked, why the same influence should in some persons

produce a regular intermittent, and in others, a remittent fever. I would answer, that this sometimes depends on the state of the recipient, I mean of the patient himself. If he be of a gross habit of body, of an intemperate mode of living, habitually exciting his liver and digestive organs by stimulating food and intoxicating liquors, in a country where such diseases are endemic; or if, without such intemperance, he has the misfortune to be of a habit of body in which the chylopoetic viscera are readily deranged and their functions impaired, and is obliged to expose himself, with such predispositions, to the effluvia of which we are speaking, the probabilities are, that if fever should occur, the disease with which he will be attacked will put on the remittent type rather than the milder and more tractable form of an intermittent.

The occurrence, however, of a remittent, rather than an intermittent fever, in any individual, does not always depend upon the habits and constitution of the patient himself; for it is sometimes observed to attack with great aggravation, in marshy districts, persons of a sanguine temperament, strong digestive power, and regular habits of living. As we know so little of the real essence of the endemic miasma, which produces these or any other forms of fever, it is perhaps idle to speculate very curiously respecting its varieties and modifications. It is enough to suppose, that it is either poured at certain seasons, on certain individuals, in a state of greater concentration than on others; or else, that there is a greater capability in certain persons, not differing from their neighbours by any external marks, of imbibing a large portion or

dose of this subtle and deleterious poison ; and that they, in consequence, are affected by a severer and more obstinate disease ; or else, that there is some minute difference, which we cannot detect, in the poison itself, which causes the difference of which we are speaking in the effects produced by it ; and this last supposition is rendered more probable by the circumstance of the disease, which originates in the effluvia of marshes, putting on in the earlier part of autumn the remittent form, whilst at a later season it is of an intermittent type. We shall find, however, that in every instance in which the marsh miasma excites remittent fever, that the first effects of the poison are to produce, in persons who may not have been previously suffering from hepatic or intestinal disease, the severest symptoms of derangement of all the chylopoetic viscera, with a profuse production of morbid secretions from them all. Thus we see, that whether it is to be considered as one of the occasional causes of remittent fever, or whether it is to be ranked amongst its earliest symptoms, this affection of the stomach, liver, and bowels, is a circumstance which is invariably observed to exist in the first stage of the disease.

We have hitherto been speaking of remittents as only produced by marsh miasmata, but it is an undoubted fact, that remittent fever, accompanied by a very aggravated form of biliary and intestinal derangement, is occasionally produced in places where there is no obvious source from which true marsh miasma can be supplied—out at sea for instance. In these, and other situations distant from marshes, the disease generally appears under circumstances of extraordinary atmospherical vicissitudes, especially when there is much dampness in the air ; and is not, after all, so severe a complaint as that which is produced distinctly by paludal exhalation. I have said that it may be referable, under such circumstances, to extreme vicissitudes of atmospherical temperature, but I am by no means certain that there may not be something more than mere temperature concerned in this production of the disease in question. If, indeed, we reject the supposition that the holds of ships, and even such inconsiderable sources of effluvia as fuel, water casks, or tanks, are capable of producing fever, we may still

say that it is very possible, that by some chemical process, performed by nature on a great scale, something analogous to the effluvia of marshes may be produced in the air itself, even when at a distance from swamps and fens ; this, however, is mere speculation, but the fact is certain, that a disease, very similar to marsh remittent fever, may be produced by the agency of the atmosphere or some other source, independently, and without any direct or evident admixture of the true miasmata of swamps. The disease which we are speaking of, though occasionally prevalent in this country, and in other temperate climates, is infinitely more frequent within and near the tropics : the reason of this may be that the atmospherical vicissitudes, to which it appears to be in some degree attributable, are more remarkable in those latitudes than in ours. The best descriptions, therefore, of this disease, in its most atrocious form, are to be found in the writings of those who have practised in hot climates. (The lecturer here referred to the works of Dr. James Johnson, Mr. Annesley, and Dr. Wilson, as containing excellent accounts of this disease.) These authors give a description of bilious remittent fever of the severest kind. Happily for this country we do not often see it here attended with such intense symptoms as described by them. The remittent fever, however, of this country, although differing from that of hot climates in intensity, is the same disease in essence ; and we shall find that it is to be cured by similar means, modified of course, and regulated by the circumstances of each case.

We have said, then, that remittent fevers arise from two great causes ;—from marsh miasma in the first place, and in the second, from sudden vicissitudes of atmospherical temperature, precipitating, perhaps, some other deleterious principle, evolved from hidden sources in the course of these changes, which is capable of producing this particular kind of febrile action in the human body.

But these, though the principal causes of remittent fever, are not quite all the sources from whence it arises. For simple derangement of the functions of the stomach, bowels, and assistant viscera, whether it arises from improper food, or from too large a quan-

tity of proper food, or from digestive powers so much impaired by any circumstances as not to be capable of assimilating even a moderate quantity of good nutriment, will in *certain irritable constitutions*, under any circumstances of climate, situation, or temperature, produce a disease very similar to that excited by the causes before-mentioned. This particular kind of remittent fever does not often occur in adults; for imperfect digestion, although it produces much inconvenience, and sometimes serious structural disease in them, does not generally excite remittent fever without the assistance of the two other causes of this disease; but children, from their birth to the age of seven or eight years, on account, as we may suppose, of their great delicacy and susceptibility, are very extensively affected by it. This is the disease which is well known under the name of infantile fever, or *febris infantum remittens*; and is well known, also, to arise in them from simple gastric irritability, independently, as far as we can see, of external causes, and to be at any rate mainly curable by the restoration of the chylopoetic organs to health and vigour.

When I say, however, that infantile fever arises, without exposure to miasma, from gastric irritability, I only mean that its miasmatic source is not ascertainable in such cases. It is still possible that, from the great susceptibility of children, they may be assailable by a miasma of so mild a character, or in so diluted a state, as to be incapable of generating the disease in an adult: in this case, we may place the gastric irritability which characterizes the access of the complaint, amongst its earliest symptoms, rather than amongst its exciting or predisposing causes.

But to return:—The predisposing causes of the two first varieties of this disease are the same as of intermittent fevers; but as to the last mentioned variety, it may be said that the predisposing cause merges in the existing cause. This is the case with some other diseases, as we shall see hereafter.

With respect to the pathology of this disease, I have little to add to what has been already said respecting the pathology of intermittents.

The effect of the exciting cause is much the same, except that the conges-

tions and accumulations which it produces are generally more intense and more obstinate than those observable in the former disease.

The congestions which occur in the hepatic and mesenteric systems are such as sometimes to excite inflammatory affections of the organs supplied with blood by that system. The determination of blood to the head also, is a remarkable feature in this disease, which is of course aggravated by the sanguineous stagnation in the portal system and in the chest. In the first stage of this disease the cutaneous vessels are quite void of blood; but when re-action takes place, or the warm stage begins, the heart exerts greater powers, and now the skin becomes heated and suffused, and the whole system is excited (particularly those parts which have been loaded with blood at the outset of the disease) into a state very near to inflammatory action. We shall see by-and-by that this state differs from pure inflammation in several important particulars. I therefore do not call it inflammation, although, as I said before, if not actively and judiciously treated, it may end in enteritis or hepatitis, or pneumonia.

If persons die in the first or second stage of this disease, the appearances are much the same as in those who die in corresponding stages of intermittent fever, except that they are all of an aggravated character. During the first stage the symptoms of venous congestion are very evident in the abdominal viscera, and sometimes in the lungs as well as the brain; and in the second stage, those of arterial accumulation are equally developed. When persons die in the latter stages, especially after a long continuance of the disease, the appearances after death are those of indurated liver, thickened mucous membrane of the stomach and intestines, and often ulcerations of the latter; indurations of a portion, or great part, of the lungs; thickening of the meninges of the brain; and, occasionally, effusion between the membranes, or in the ventricles, or in both.

We now come to the description of the symptoms of this disease.

SYMPTOMS OF REMITTENT FEVER.

This disease comes on with symptoms very like those of the first stage of intermittent—such as languor, las-

situde, lowness of spirits, sensation of cold running down the back, heavy headache, particularly under the os frontis. These symptoms are, however, followed in a very short time by those which particularly characterize the disease—I mean active delirium, nausea, and then vomiting, often of bilious matter; sense of pain and stricture of the epigastrium and both hypochondria; and often purging of offensive watery stools, with severe griping. There are often observable, likewise, distinct symptoms of congestion in the thorax: such as distressed breathing, with a sense of weight and oppression in the chest, and some cough; together with a livor of the countenance, and a dark redness of the lips, which clearly prove that the blood has not undergone perfectly the requisite changes in the lungs. The pulse and heat of skin are very variable in this disease: sometimes the pulse is, during the stage of reaction, very frequent and very full; at others, even during the presence of acute delirium and severe pain in the head, it is little above the natural standard. The skin also presents the same inconsistencies in temperature. Sometimes, when the delirium is most furious, the skin is moderately cool; and sometimes slightly relaxed into partial clamminess. These, however, are very deceptive circumstances, and probably depend on the tendency to remit, which is evident in the type of the disease, and which, therefore, even in the midst of what we may call very intense exacerbations, yet produces this mitigating effect on one or another of the ordinary symptoms of fever.

The tongue, in this disease, is never in a natural state: it is at first white, and afterwards becomes dry in the centre; and a dry fur, at length, covers the whole tongue. Occasionally the tongue, in the latter part of the disease, especially in milder cases, puts on a glazed and highly red appearance. The urine is, in general, very high coloured, and occasionally deposits a lateritious sediment.

The remissions generally take place in the morning. There are, however, great irregularities with respect to the time of the exacerbations: sometimes there are several slight paroxysms and remissions in the course of the day; at other times, there is only one great

exacerbation towards the evening, which lasts the greater part of the night. When there are several paroxysms, in six hours the disease approaches very near continued fever; to which, indeed, we shall find, when we come to the description of that disease, that it generally bears some affinity, and into which it is very often converted, however distinct the remissions may have been at first.

When the remission occurs (and it often takes place after a very imperfect sweating stage), the skin becomes cool; but there is a peculiar harshness and dryness in the feel of it, which differs very distinctly from the coolness and softness of a healthy body.

I have been hitherto talking of the remittent fever which attacks adults, and is obviously referable either to marsh miasmata or certain sudden vicissitudes of temperature in the air, accompanied by moisture, and probably some other peculiarities not ascertained. The remittent fever of infants differs somewhat from the disease just now described. It attacks children, as I said before, between their birth and seventh or eighth year. It is characterized by the drooping and frequent whining and moaning of the child, by insatiable thirst, with either a loss of appetite or a morbid voraciousness, by extreme paleness and coldness at one time, and flushing or pungent heat of the skin at another; these heats being followed by perspiration, which, after the nocturnal exacerbation, is often very profuse. The tongue of a very young child indicates little, being always white; but after the child is two or three years old, it is found, in this complaint, to be at first white and moist, and afterwards furred and dry. The pulse also is, in children, so easily excited, that much less is to be thought of its simple frequency than in adults. The bowels generally discharge frequent watery, greenish, offensive motions. The urine is scanty, and high coloured. The remissions and exacerbations vary in number during twenty-four hours, generally occurring three or four times in that period; and the child's liveliness and dulness alternating with each other accordingly. The paroxysm gives him an artificial vivacity, which subsides into heaviness and dulness as soon as the remission takes place.

When this state of things has con-

tinued a few weeks, the child becomes habitually pale-faced and black under the eyes; his abdomen is swelled, his face and neck and limbs are emaciated, he becomes daily more and more debilitated; till, at length, his weakness becomes extreme, and his vital powers yield at last to the inveteracy of the disease.

DIAGNOSIS.

There is only one disease with which the merest tyro in medicine could confound remittent fever—I mean hectic; and it is scarcely possible for any one to mistake it for even this. In the first place, the suppuration which is the cause of hectic fever is generally manifest enough; but even in the few cases in which this is not evident, the complexion itself, of hectic, is so remarkable, that it is not easy to confound its florid hue with the livid, or sallow flushing of idiopathic fever. The yellowish skin, the intense nausea and sickness, the sense of weight at the pit of the stomach, the thick fur on the tongue, the brickdust-coloured settlement in the urine—are all symptoms of remittent, and not of hectic fever: if any of them occur in the latter, they are only accidentally present, whilst the greater number of them are scarcely ever absent in the former. Add to this, that the violent delirium which is so common in remittent fevers, is very rare in hectic. I should say also, that the sediment of the urine, when it appears in hectic persons, is pink, and not lateritious—(it consists of the purpurates, without the colouring matter of the urine).

The difficulty is, of course, at once cleared up, if any symptoms of abscess make their appearance. The doubt in forming a diagnosis only occurs when these are absent.

TREATMENT OF REMITTENT FEVER IN ADULTS.

In order to understand the treatment of this disease, it is necessary to have a vivid recollection of its pathology. This, we have seen, consists in such an intense determination and congestion in the intestinal canal and the adjoining viscera, as materially to deprave the functions of those organs; and, generally, such a sanguineous determination to the head, as to produce an early derangement of the functions of the sensorium. (The delirium, in

aggravated cases of this disease, is such as to have the appearance of raving madness, to a superficial observer.) When, therefore, a medical man is called in, during the early stage of this disease, and finds his patient with a thumping pulse, a burning skin, suffused eyes, and flushed countenance, complaining of intense pain of the head, (which sometimes occupies the occiput, but more frequently the forehead,) with delirium; complaining also of a sense of weight and constriction about the pit of the stomach, with either vomiting of bitter, muddy, or greenish fluid, or intense nausea; if, by making pressure upon the region of the stomach or liver, although the intense pain of inflammatory action is not excited, yet a sense of dull but severe uneasiness is expressed by the patient—there can be but one opinion about the necessary treatment. Immediate and full venesection is absolutely necessary. The quantity of blood to be taken must be regulated by the patient's strength, and the intensity of the symptoms just mentioned. Some impression ought to be made on the pulse and other symptoms, or else the bleeding is useless. V. S. to from 12 to 20 ounces is generally necessary; and if the patient is not relieved, this V. S. may be repeated in eight or ten hours. It is remarkable, that blood taken in simple fever of this kind is seldom or ever buffy or cupped—I was going to say never so, but there are some descriptions of this disease in which the buffiness of the blood is said to have been observed. I cannot help thinking, however, in these cases, that the disease has either been itself inflammation of the liver, stomach, or brain, or else that active inflammation of those organs has been joined with fever. But after all, this question is practically of little consequence: all we mean to say is, that the symptoms of cerebral excitement may be very severe in this disease, and yet the blood drawn not exhibit the buffy coat.

You may ask whether bleeding would be necessary if the pulse were not full, the skin not pungently hot, and yet the other symptoms just mentioned were present? I should say, *undoubtedly*, if the disease were under treatment on the first few days of its attack; because the pulse is often deceitfully oppressed and small when determination of blood towards the head exists; but

I may say, after the second or third day of the disease, we must be more cautious about general bleeding: I mean, that we should not bleed unless the indications for it be very plain and distinct; for the powers of the body sometimes give way suddenly, after a large V. S. late in the disease;—but local bleeding is always admissible when any symptom of determination and congestion remains. Cupping and leeching may be used under these circumstances. Early in the disease, cupping behind the ears, or on the nape of the neck, may be prescribed for the purpose of relieving the head, particularly if the pain is at the back of the head. If it is general pain of the head, not referable to any particular part, or if it is chiefly in the forehead, twelve or fourteen leeches, applied to the forehead and temples, usually relieve the patient. If the congestion be in the chest, which is not unusual in this disease, either cupping or leeches may be used (after general bleeding); but if it is required to take blood from the abdomen, cupping is inadvisable, because it often fails in drawing blood, on account of the loose integuments rising into the glass.

Cold affusion (I mean the absolute pouring of water over the patient) is sometimes used to relieve the pungency of superficial heat. It is, however, often inconvenient, and sometimes, perhaps, inadvisable, as it necessarily disturbs the patient; but spunging with cold vinegar and water (one part vinegar and three parts water) is always practicable; and I think most practitioners are now agreed that it is nearly, if not quite, as refreshing and beneficial to the patient as cold affusion.

Cold applications to the head are indispensably necessary, as long as any heat or pain remains.

The most effectual mode of applying cold to the head, is by partly filling a large bladder with rough ice, and applying it to the head, which must be previously shaved, or the hair cut closely off. If the patient can bear it, he may keep it on half an hour, or longer; at first, he will not bear it so well as afterwards. If a bladder is not at hand, the ice may be placed between the folds of a napkin, and thus applied. If ice cannot be obtained, a cold lotion may be formed by dissolving ℥j. of muriate of ammonia in a pint of spring water, or by mixing one part vinegar and one

part spirit of wine, with four parts water, or by diluting liquor ammoniæ acetatis with three parts spring water or rose water,—all these form cooling lotions, which may be applied, as occasion requires, to produce the same effects as the ice.

I have not hitherto said any thing about the use of blisters, because I do not think them of much service in the early stages of this disease. They can only be applied when the cerebral irritation remains after the other symptoms of excitement subside; then they may be applied, and sometimes with great advantage, to the whole head, which must be previously shaved: but I shall speak more fully of the use of this remedy when we consider the treatment of continued fever, in which they are of greater service generally than in this disease.

With respect to the medicines which I should recommend, I have to observe, that the great irritability of the stomach, which is a leading feature of this kind of fever, usually contraindicates the use of antimonial preparations; nor, indeed, are they much required, for as soon as the congestions, of which we have said so much, are relieved, the skin becomes immediately soft and relaxed, without the use of sudorifics. If, however, (which is sometimes the case,) the vomiting or nausea does not occur, antimonial powder may be prescribed with some little advantage, combined with that which must always be considered as our sheet-anchor in the treatment of this disease—I mean calomel.

Having taken blood generally, or locally, as the symptoms indicate, it is advisable immediately to give a full dose of calomel. When the vomiting is severe, nothing tends to allay it so immediately as eight or ten grains of calomel, mixed with a few grains of white sugar, and given in the form of a powder. This you will generally find will put an end to the vomiting in a very short time. In about four or five hours afterwards, provided the sickness has subsided, you may administer a senna draught. (By a senna draught I mean an ounce and a half of the infusion with a drachm of the tincture, and two or three drachms of Epsom salt.) If the vomiting has not stopped, it will be necessary to repeat the calomel, and follow that in an hour or two, with either a moderate dose of senna or (what is

more easily retained on the stomach) two or three drachms of sulphate of magnesia, in mint water, with three minims of laudanum in each dose, which may be repeated every two hours, till it acts. A saline effervescing draught, with a drachm of tartrate of potass, and mx . of tinct. of hyoscyamus, is another form, in which a light laxative may be administered. If the vomiting, however, continues unabated, we must dispense with these remedies, and continue the calomel, in doses of three or four grains, every three or four hours, until some impression is made on the symptoms. In early cases, there is no harm done by its acting on the bowels to a certain extent, as well as on the constitution. If, however, the purging continues after the bowels have been thoroughly cleared, especially if the case is a protracted one, and the patient seems exhausted by the joint effect of the disease and the diarrhoea, it may be advisable to join half a grain of opium with every three grains of the calomel, as well with the view of checking the diarrhoea as of producing the constitutional effect of the remedy on the system, by which the febrile action is almost invariably subsided.

It sometimes happens in a recent case, that after the full effect of the first dose of calomel with the subsequent purgative, the disease seems at once to have given way, and the apyrexia appears so complete, that the bark or any other tonic may safely and advantageously be administered, the cure of the disease being thus at once perfected; but we must not expect such a result in the generality of cases. Where the disease still continues after the bowels have been well evacuated, remitting occasionally at irregular intervals, but not subsiding, it will be necessary to repeat the calomel, conjoined, when the stomach is not irritable, with two or three grains of antimonial powder, otherwise alone, until the functions of the abdominal viscera are restored to their natural state, and the tongue freed from its morbid covering of fur. Opium may be added, if exhausting diarrhoea occurs. I say, until the functions of these important viscera are amended, and not, as some have said, till ptialism has been produced; because the former, and not the latter, is the object at which we are aiming; and if we can effect the cure without

making the mouth sore, so much the better.

As soon as the tongue becomes clean, the disease is, as it were, converted into an intermittent fever; or, what is the same thing, the patient is in a state fit for the use of those remedies which are applicable during the intermission of an ague.

Bark may now be freely administered, in the same manner as we have recommended when we were on the subject of the treatment of intermittent fevers. Of course the substitutes for Cinchona before-mentioned may be administered also, as then suggested; and all these with the same regulations and restrictions as mentioned at that time.

The diet throughout the febrile state must be of the lightest kind; in fact, it must consist entirely of what are called slops*. When the intermission takes place, it may be improved; but it must still be rather light, consisting of a small quantity of easily digestible meat, with one or two glasses of wine, mixed with water.

[To be continued.]

PATHOLOGICAL AND SURGICAL
OBSERVATIONS
RELATING TO
INJURIES OF THE BRAIN.

BY B. C. BRODIE, F.R.S.

Surgeon to St. George's Hospital.

[Continued from page 139.]

Compression of the Brain.

IF the dimensions of the cavity of the cranium be suddenly diminished, as in a case of fracture with depression of bone, or if the actual quantity of the contents of the cranium be increased, as in a case of ruptured vessel and extravasation of blood, the functions of the brain become impaired. This is a matter of experience and observation, about which there is no dispute. There may be, however, some difference of opinion as to the physiological explanation of the phenomena which arise in such cases. It has been usually held that the substance of the brain is actually compressed; but Mr. Bell observes very truly,

* Farinaceous decoctions,

that we have no more right to believe that the substance of the brain admits of being compressed, than that water is compressible; and he infers, that what is called compression of the brain, operates not on the substance of the brain itself, but simply on its blood-vessels; lessening their diameter, and thus preventing that due supply of scarlet arterial blood which is necessary to a due performance of the vital functions. It is evident, indeed, that the effect which compression of the brain produces on its vessels, must be to a greater or less extent such as Mr. Bell has described it to be. It may, however, be urged on the other hand, first, that in some cases symptoms similar to those which arise from compression, take place where there is a preternatural determination of blood to the head; where the vessels, instead of being empty, are actually overloaded; and that in these cases the symptoms are relieved by drawing blood from the jugular vein, or from the veins of the arm; as if the pressure occasioned by too much blood in the vessels was productive of nearly the same effects on the brain, with that arising from blood in a state of extravasation: secondly, that, although we admit the substance of the brain to be incapable of being compressed into a smaller compass, yet that the effect of all pressure on it must be, and is, to alter the position and relative situation of the delicate fibres of which its minute structure is composed, and that we need seek no further explanation of the symptoms which are met with in these cases.

In whatever way compression of the brain operates so as to disturb the functions of that organ, it is difficult to explain wherefore the symptoms to which it gives rise are sometimes slight, and at other times urgent, although occurring under circumstances apparently similar. A depression of bone, which in one instance produces comparatively little effect, in another case occasions a manifest destruction of sensibility: and the same observation may be made respecting internal extravasations of blood. Every practical surgeon must have observed that there are differences in the symptoms produced, which are not to be accounted for by any difference in the quantity of pressure, nor in the particular part of the brain which is affected by it. At the same time it is

undoubtedly true, that, for the most part, the patient suffers more from an extensive than from a slight depression; more from a large than from a small extravasation. There is reason to believe that pressure on the whole is more dangerous when it affects the lower part of the brain, than when it affects the upper part; and it has appeared to me that more urgent symptoms are produced by a given quantity of blood, when it is effused into the cells between the tunica arachnoides and pia mater, than when it is collected in one mass so as to produce a less general pressure.

Having made these preliminary observations, I shall proceed to consider the particular symptoms which arise from pressure on the brain.

1. *Pain in the head*:—The blow which occasions a fracture and depression of the cranium, or an extravasation of blood within the cranium, is likely to produce concussion of the brain also, and as pain in the head is a symptom of the latter injury, it may be a question, in many instances, to which of these two causes it is to be attributed. That intense pain in the head may, however, be wholly dependent on pressure on the brain, is proved by a case in which a patient under my care laboured under this symptom, and no other, except indeed that the pupil of one was preternaturally dilated. There was a fracture with depression of a very small portion of one parietal bone, and immediately on the depression being elevated, the pain in the head was completely relieved.

2. *Insensibility*:—which is sometimes incomplete, corresponding to what is observed in cases of concussion of the brain; the patient lying for the most part unconscious of what passes around him, but capable of being roused by stronger impressions on his senses; while at other times the loss of sense is perfect, so that the skin may be pinched, the flame of a candle may be held close to the eye, and the loudest voice may be uttered in the ear, without any evident effect being produced on the sensorium. Where the cause of these symptoms is a fracture and depression of bone, they shew themselves immediately after the infliction of the injury; but where they depend on an extravasation of blood, as, in many instances, the extravasation may take place slowly, so an interval of time, an

hour for example, may elapse before the patient becomes insensible. Not unfrequently there is insensibility, from concussion of the brain in the first instance; then the patient recovers, and afterwards, as the blood is gradually effused within the cranium, he relapses into his former state of insensibility. These observations were made first by Le Dran, and afterwards by Mr. Pott, and it is needless to remark how great is their importance, as connected with the diagnosis of these different kinds of injury. But even when pressure on the brain is actually established, the insensibility to which it gives rise is liable to some degree of variation. At one time it may be perfect; then the patient may shew some signs of consciousness, and then relapse into a state of perfect stupor. It may be observed, that there is especially an increase of sensibility after blood-letting, and that as the effect, which the loss of blood has produced on the circulation, subsides, so the sensibility becomes again diminished.

If these observations be correct, it is evident that there is not any such difference in the character of the insensibility produced by concussion, and that produced by compression of the brain, as will enable us at once, and in all cases, to distinguish these two kinds of injury from each other. Those who are led to take a different view of the subject, may indeed urge, that in some cases there is considerable pressure on the brain, without any symptoms at all; and that when, in a case of fracture and depression of the cranium, or extravasation of blood within the cranium, the patient lies with a partial loss of sense, this is to be attributed not to the actual pressure, but to the concussion of the brain, which the violence inflicted must necessarily have occasioned in a greater or less degree. I might, however, refer to several cases, to which this explanation cannot be well applied; but a single example will be sufficient. A woman received a blow on the head; after which she was able to walk home, complaining that her head was hurt, and that she had received her death blow. In an hour after the accident, she gradually became insensible. About fourteen hours afterwards, she was brought to St. George's Hospital, labouring under symptoms precisely cor-

responding to those which have been described by Mr. Abernethy, as arising from concussion. These symptoms continued, and even rather abated than increased, until the third day, when an aggravation of them took place, and she expired. On examining the body, eight ounces of blood were found effused underneath the dura mater. The circumstance of there having been no loss of sense in the first instance, and the interval of an hour which elapsed between the period of the accident and that of the occurrence of the symptoms, sufficiently demonstrate that they were the consequence of pressure produced by the hæmorrhage, and not of the concussion.

It sometimes happens, that there is a destruction of sensibility in one part of the system, while the general sensibility is impaired only in a slight degree. An old man was admitted into St. George's Hospital, who had been run over by a cart. There was a fracture, with a depression of one parietal bone. He was sensible, but slow in giving answers, and peevish; and it was observed that he was totally blind. Mr. Gunning removed a portion of the parietal bone with the trephine, and elevated the depression; but the operation produced no change in the symptoms. About thirty-six hours after the accident, the pulse became frequent, and he was delirious. He remained entirely deprived of the faculty of vision; believing that he saw imaginary objects, but totally unconscious of the existence of those which were actually before his eyes. At the expiration of the fifth day he died. On examining the body, the membranes of the brain were found to be inflamed, and smeared with pus and lymph. In the basis of the cranium, there was a transverse fracture extending across the sphenoidal bone, and the fractured edges were displaced in such a manner as to press on the optic nerves immediately behind the orbits, and to explain, in the most satisfactory way, the total loss of sight. Such cases as that which follows, are not very uncommon. A gentleman was thrown from his horse, and received a blow on the head. He lay with well-marked symptoms of compression of the brain, which, however, began to subside in a few days. In a short time, his general sensibility was completely restored, but

there was a numbness, or loss of sensation, of one hand, for more than a year afterwards.

3. *Paralysis*.—Here, as on other occasions, the same cause which prevents the brain receiving impressions from the nerves, prevents it also transmitting its influence through the nerves to the muscles. Where the destruction of sensibility is complete, the voluntary muscles are completely paralysed. In whatever position the patient may be placed, in that he remains motionless. The bladder, incapable of contraction, becomes preternaturally distended with urine; and the relaxation of the sphincter ani allows the involuntary discharge of fæces from the rectum. Afterwards, the muscles of respiration become affected also; the patient breathes with stertor, as in a most profound sleep; and the diaphragm contracts at longer and longer intervals, until respiration altogether ceases. It is this paralysis of the muscles of respiration, which, in ordinary cases of pressure on the brain, is the immediate cause of death. Where there is an imperfect loss of sense, there are often no marks of paralysis whatever. At other times, there is paralysis of one side of the body, while the muscles of the other side continue to obey the will as usual; and sometimes the paralysis is permanent. Dr. Hennen* gives an account of a patient who recovered with life from the effects of a fracture and depression of the left parietal, and left side of the frontal bone; but fourteen years afterwards, he was still paralytic in the opposite arm and leg.

Hemiplegia is, however, a much more rare occurrence, where pressure on the brain is the consequence of accidental violence, than it is in cases of apoplexy from a spontaneous rupture of a blood-vessel. The difference may reasonably be attributed to the different situation of the pressure. In cases of apoplexy, the extravasation is, for the most part, situated either in one of the ventricles, or in the substance of the brain; but after a blow on the head, the cause of pressure more commonly operates on the surface. Occasionally the paralysis is confined to one set of muscles, or even to a single muscle. There may be, for example, loss of

motion in one hand, or a *ptosis*, or dropping down, of one upper eyelid. In cases of hemiplegia after an injury of the head, the paralysis is on the side opposite to that on which the pressure exists; at least I have never met with an exception to this general rule. The observation, however, does not apply to more partial paralytic affections. A young gentleman fell from a coach-box, and struck the left side of his head against the wheel of the carriage: he was not stunned, but there was an ecchymosis of the left cheek and temple, a copious discharge of blood from the left ear, and the muscles of the left side of the face were rendered paralytic. When he laughed, the mouth was distorted to the right side; and he was unable to close the left eyelids. The loss of power over the muscles was not attended with any loss of sensation, and was not permanent, the recovery of the patient being complete in about three months. It seems reasonable to conclude that in this case the cause of the paralysis was pressure produced by the extravasation of blood on the portio dura of the nerve of the seventh pair, by which the muscles of the face are supplied, and not on the brain itself. In like manner I have known a ptosis of the *left* upper eyelid connected with pressure on the inferior surface of the *left* hemisphere of the cerebrum, the pressure being so situated as to affect the nerve of the third pair immediately behind the left cavernous sinus.

4. *Convulsive actions of the Muscles*.—Where there is paralysis of one side of the body after an injury of the head, we sometimes observe convulsive twitches of those of the other side; but it appears to me to admit of a question whether this symptom ought to be regarded as the consequence of simple pressure on the brain. We find it occur in cases of punctured and wounded brain, where there is no pressure; and it so happens, where it has fallen under my observation in cases of depression of bone, or extravasated blood, and where the exact nature of the injury was afterwards ascertained, that the pressure has been always found to be complicated with wound or laceration of the substance of the brain.

The convulsive twitches to which I here allude are slight and only partial, and are to be distinguished from those

* Military Surgery, p. 304.

violent fits of general convulsions on which I shall have to offer some observations hereafter.

5. *Affections of the Pupils.*—The state of the pupils varies very much in cases of pressure on the brain, even under circumstances apparently similar. I have seen the pupils dilate with the absence, and contract with the presence of light, although the patient lay in a state of complete insensibility, and did not seem to be at all conscious of the impressions made on the retina. But this is a rare occurrence, and, for the most part, where the other symptoms of pressure are present, the pupils are insensible and motionless; being generally dilated, but sometimes contracted. It is not uncommon for the pupils to remain for a time in a state of dilatation, then to become suddenly contracted, and after remaining so for a longer or shorter time, to become again dilated—these changes taking place independently of light and darkness. I have observed especially, where the pupils have been dilated, that they have frequently become contracted immediately after the abstraction of blood; the dilatation returning as soon as the immediate effect of the blood-letting on the circulation has ceased. Dr. Hennen mentions a case in which blood was extravasated among the membranes of the brain, and in which the pupils were observed sometimes to become dilated with an increase, and to contract with a diminution of light. In a patient in St. George's Hospital, in whom there was an extravasation of blood on the upper part of the right hemisphere of the cerebrum, and no cause of pressure elsewhere, both pupils were insensible and motionless; but the right pupil was in a state of dilatation, and the left in a state of contraction. In another patient, in whom there was fracture and depression of the left parietal bone, the left pupil was permanently dilated, the right pupil being in a natural state. In a third case, in which there was a fracture and depression of the frontal bone above the right superciliary ridge, there was a dilatation of the pupil of the left eye; and again, in a fourth case, where there was a fracture and depression in the same situation as in the case last mentioned, and no cause of pressure elsewhere, both pupils were dilated and equally insensible, but immediately regained their sensibility and

power of contraction on the depression being elevated.

As there may be general insensibility without the pupils being insensible to light, so there may be insensibility of one of the pupils without general insensibility, and even without loss of vision. A gentleman fell from his horse, received a severe contusion of the head, and was taken home, labouring under manifest symptoms of pressure on the brain. When, after the lapse of several days, these symptoms became somewhat abated, it was observed that the pupil of the right eye was dilated, and incapable of contraction; but his power of vision was unaffected. This symptom was accompanied with a ptosis of the right upper eye-lid, and a numbness of the right hand. I believe that nearly a year elapsed before the pupil was restored to its natural condition.

6.—*Affection of the Circulation:*—If concussion of the brain be capable of disturbing the action of the heart, it is not remarkable that the greater injury arising from pressure should produce its effect on the circulation also. The effect, however, is not constant; and sometimes even where the other symptoms of pressure exist, there is no alteration of the pulse. Mr. Abernethy has observed that intermission of the pulse is a less frequent occurrence in cases of compression than in those of concussion of the brain. However that may be, I believe it will be found that pressure on the brain for the most part affects the action of the heart; not by producing actual interruption, but by causing its contractions to be either less frequent, or less forcible than natural. The influence of pressure on the brain on the circulation is sometimes very manifest in cases of depression of the bone of the cranium, where the depression is relieved by an operation. A child, three years of age, was admitted into St. George's Hospital having an extensive fracture of one parietal bone, extending into the adjoining portions of the temporal and occipital bones. Towards the posterior part of the parietal bone there was a considerable depression, with laceration of the membranes of the brain and of the brain itself. I assisted Mr. Gunning in an operation in which he removed a portion of the bone with a saw, and elevated the depression. Previously to the operation the pulse at the wrist was

barely perceptible, but immediately afterwards it became distinct, and beat with considerable strength. A gentleman who held the child's hand during the operation observed the pulse to be suddenly restored at the very instant of the depression being elevated. Another patient (a man) was admitted into the hospital having a fracture with depression of the right side of the frontal bone extending into the right parietal. The pulse beat no more than forty times in a minute, but immediately on the depressed bone being elevated it rose to sixty in a minute.

7. *Sickness and vomiting* : — These symptoms occur in some cases of pressure on the brain from injury, but it may nevertheless admit of a question whether they should or should not be referred to the actual pressure. The same injury which occasions a fracture and depression of the cranium, or an extravasation of blood within the cranium, is likely to produce concussion of the brain also. In cases where the symptoms of pressure are the most distinct, and there is complete insensibility, there is no disposition to vomit; and where I have had occasion to apply the trephine on account of a fracture and depression, and there was no sickness previously, I have sometimes known the patient to become sick and vomit immediately on the depression being elevated.

The symptoms of pressure on the brain vary in different cases, not merely as they may exist in different degrees, but as they happen to be variously combined with each other. We find also that there is a great difference as to the period of their duration. Of two individuals, in whom the early symptoms appear to be equally urgent, one may die in the course of three or four hours, and another may survive for several days: and among those who recover, we may find some in whom the symptoms wholly subside in the course of a few days, and others in whom some remains of them exist after the lapse of several months, or even of years. Even in fatal cases the symptoms are not in every instance uniformly progressive, and it is not very unusual for them in some degree to subside, recurring afterwards with increased severity.

Where blood-vessels have been ruptured or wounded in other situations,

secondary hæmorrhage occurs in some instances at the end of a few days from the period of the injury having been inflicted. Does secondary hæmorrhage ever occur within the cavity of the cranium? In one case, which came under my observation, I was led to believe that this actually happened, causing sudden death after three or four days of apparent convalescence. As I have met with no other instance of the kind, I conclude that such occurrence is very rare; but probably it would be more frequent, if it were not that in the practice of modern surgery a very strict antiphlogistic regimen is usually pursued for a considerable time after the occurrence of the accident. The following is a brief outline of the case to which I allude.

A man, thirty-five years of age, on the afternoon of the 8th of November, fell from a cart and struck his head against the pavement. A medical practitioner in the neighbourhood bled him, and he was afterwards brought to St. George's Hospital talking and reeling like a drunken man. He was again bled. On the following day he complained of head-ache, but was otherwise well. He continued without any symptoms until five in the morning of the 12th of November, when some of the patients in the same ward heard him talking incoherently. The nurse called the house-surgeon to him, but before he could arrive the man had become insensible, and was found lying motionless, with stertorous respiration and dilated pupils. Blood was taken from the arm, but the symptoms were not relieved, and he died in about half an hour after the commencement of the attack. On examining the contents of the cranium after death, a thin layer of blood was found extravasated in the cells between the tunica arachnoides and pia mater, where those membranes cover the posterior part of the two hemispheres of the cerebrum. In the lower part of the right anterior lobe of the cerebrum the substance of the brain had been ruptured, and underneath this part, between the dura mater and tunica arachnoides, there was a collection of about two ounces and a half of blood. This last had all the appearance of a recent extravasation, and seemed to afford a satisfactory explanation of the sudden alteration in the symptoms which immediately preceded the patient's dissolu-

tion; the hæmorrhage in the first instance having in all probability been checked by the blood-letting which was resorted to both immediately after the accident, and on his admission into the hospital.

[To be continued.]

MEMOIR

ON THE

OBSTACLES PRESENTED TO DELIVERY BY THE MALFORMATION OF THE FŒTUS*.

BY A. DUGES,

Professor to the Faculty of Medicine, Montpellier.

WE shall speak, first, of the obstacles presented by excess of size of the whole or part of the fœtus—as hydrocephalus, dropsy, &c. and, secondly, of the difficulties resulting from the addition to the body of the child of some part of another fœtus, or the partial union of twins.

Excess of Volume.

There can be no doubt but that the size of the child, when considerable, may render the labour more slow and painful, particularly if the passage is but little dilated, and not sufficiently supple, as in a first confinement; or if the pelvis be rather narrow; and still more if to these be added an unfavourable position. But, independent of these accessory circumstances, it may be stated, that a large size of the child, provided its body be well proportioned, is never an entire bar to the spontaneous completion of labour. It is difficult, indeed, for a fœtus to exceed certain limits in its growth: either the uterus would resist a distention greater than it receives at the full period, under ordinary circumstances, and then the child would perish from the pressure, or else this organ, incapable of sustaining the expansion produced by the preternatural dimensions of its contents, would open and expel them. Children are said to have been born measuring 23 or even 25 inches from the vertex to the heels. These dimensions, however, have, no doubt, been made by guess, and as approximations: the last, indeed, would

equal the stature of a child a year old. The general length is 18 inches, and the extreme would appear to be 22. I have seen an infant born of this last dimensions, and, next day, another a little less: the latter being 20 inches; it was plump, and weighed nine pounds and a half—the first born weighed about a pound more. Twenty-two inches from the vertex to the heels, then, may be stated as the extreme size of a well-proportioned fœtus; and it is easy to prove that the head of such a one will not exceed the dimensions of an ordinary pelvis. In fact, we know that the head of the fœtus, in passing the superior isthmus, always, in natural cases, performs an evolution which brings into relation with one of the oblique diameters of the isthmus its *occipito-bregmatic* diameter, which would not, even in the case we suppose, exceed four inches, or rather less. Now this is six lines under what is generally assigned to the part it has to pass through. The opposite oblique diameter is there presented to the bi-parietal, which is about the same length as the other. The occipito-frontal is not really presented to the abdominal isthmus of the pelvis, except in imperfect positions; and the same remark applies *à fortiori* to the occipito-mental diameter. These alone can present powerful obstacles to spontaneous labour: the former, indeed, is about five, and the latter five and a half inches. These unfavourable diameters may present in labours where the feet have come down, and when ill-directed efforts have been made by pulling to facilitate the delivery. The natural efforts alone would scarcely produce this inconvenience, as M. Desormeaux has shewn, because they would produce an evolution analogous to that which takes place in the presentation of the vertex. This was completely proved in the case above-mentioned, where the fœtus measured 22 inches: the limbs and trunk were easily extracted, and efforts made to accomplish the delivery by pulling—but without avail. On leaving the patient for some time without assistance, the head was spontaneously expelled.

It is principally when we are obliged to turn an infant of large stature that great difficulty is experienced; and it is then that redoubled care is necessary, to avoid suffering the arm to cross the neck—to turn the face first towards one side of the pelvis, then towards the sa-

* Memoires de l'Academie Royale de Médecine.

crum, and to depress the skin in such a manner as to render the sub-occipito-bregmatic, and the bi-parietal diameters, alone parallel to those of the narrow parts of the pelvis, and to the external organs.

I do not speak of the other indications which may present themselves, in the application of the forceps, &c.—the difficulties arising here, from the disproportion between the head of the child and the pelvis of the mother: it is evident that the precepts are the same as for the first degree of narrowness of the pelvis. I merely wish to speak of the diagnosis.

Of all the means which may lead to the discovery of a foetus being larger than natural, none is either certain or easily applied; and none, therefore, is unequivocal, except the expulsion of one of the members before the rest of the body. The size of the abdomen after the escape of the waters, the uniform nature of the tumor it presented before, contrasted with the inequalities to be felt through the parietes of the uterus and abdomen—such are the marks which will tend to distinguish the case in question: first, from the distention produced by the waters; and, secondly, from the existence of twins, which give to the abdominal tumor a *bilobed* form, and in which we hear the heart beating in two different parts of the womb.

To these data we ought to endeavour to add the measurement of the part which presents—of the head, for example. Various contrivances have been suggested for this purpose, the accuracy of which I doubt. The simplest instrument is the finger, introduced per vaginam; but how deceitful is this method to an inexperienced practitioner! He who is only accustomed to judge of the dimensions of the head by sight, cannot be persuaded but that one, the surface of which he feels in the pelvis of the mother, is immense. Practice easily dissipates this illusion; and a finger accustomed to it is the best gauge of the size both of the head and the parts it has to pass through. It cannot only be passed along the former, but it can compare it with the circumference of the upper isthmus—judge how much it fills of this aperture, in what degree it presses upon its parietes, &c.; and it is always the *relative* proportion on which depend the practical results. In these investigations it must not be forgot,

first, that the tumefaction of the integuments of the cranium often increase its volume as to height; secondly, that this tumefaction, as it were strangulated by the orifice, or by the arch of the pubes, always constitutes a portion of a much smaller sphere than the entire head; thirdly, that, in the first period of the labour, the head, not yet moulded to the parts, presents all the extent of its upper or vertical oval; fourthly, that, at a more advanced period, it is the occiput which becomes more particularly accessible to the finger. By overlooking these circumstances one would be led to think the head larger than it really is, in the first and third case, and smaller in the second and fourth.

The above remarks also apply entirely to excess of size, limited to the head, without any real disease of that part. Thrombus, to a considerable extent, beneath the skin of the cranium, sometimes deserves attention: less, however, on account of the increased size of the head, than from the deformity which it produces interfering with rotation; for example, when the tumor is engaged under the arch of the pubes, and becomes, to a certain extent, moulded to the parts. It would be still more difficult with the infiltrations which take place while the integuments of the head are putrid; and this circumstance only deserves notice on account of the great size which the distended integument sometimes attains. It might then, indeed, give rise to the idea that hydrocephalus existed; from which, however, it may be distinguished by its softness; by the foetid discharge from the uterus; by the facility with which it accommodates itself to the dimensions of the passage which it traverses, &c. There can be no doubt but that this has constituted the majority of the cases of *external* hydrocephalus mentioned by the older writers.

Case of Voluminous Head—Prolapsus of the Cord—Turning.

F. Mathe, aged 41, arrived at the full period of her second pregnancy, without any other inconvenience than considerable constraint in walking. She was brought to the Maternité at midnight. The os uteri was almost completely dilated, and perfectly soft; the vertex presented in the first position, and a portion of the umbilical cord, retaining its pulsa-

tion, floated in the vagina. The waters continued to come away at intervals. To obviate the danger resulting from the compression of the umbilical cord, recourse was had, without delay, to turning. This operation was begun without difficulty, in the usual way, and the extraction was easy until the head came into opposition with the superior isthmus, but it was then arrested by an unforeseen obstacle: in vain were gentle efforts made by laying hold of the shoulders and lower jaw; already the application of the forceps was in agitation, when a pain, aided by gentle pulling, perhaps better directed than before, produced the expulsion of the head, the great size of which afforded some explanation of the difficulty which had been experienced. This head was exactly five inches from the front to the occiput, and four across the temples; yet the child did not weigh altogether more than seven pounds and a half. It only lived a quarter of an hour. As to the mother, the placenta had scarcely come away when she began to complain of acute pain in the loins, which, increasing, became fixed in the sacro-iliac symphysis, and afterwards in the symphysis pubis. On examination per vaginam, it was found that a separation of the bones had taken place at this last, to the extent of two or three lines. Local and general antiphlogistic remedies, such as leeches, cataplasms, baths, and venesection, diminished these symptoms by degrees; at the end of a month the patient walked, but the convalescence was very slow, although it at last ended in complete recovery.

[To be continued.]

SPONTANEOUS EVOLUTION OF THE FŒTUS.

To the Editor of the London Medical Gazette.

SIR,

IN consequence of a paper, written by me, which appeared in the Medical and Physical Journal for February last, and subsequently copied into the Medical Gazette, "on the Spontaneous Evolution of the Fœtus," I have received various communications from practitioners in midwifery upon the subject; a subject which it must be acknowledged is extremely interesting both in ob-

stetric pathology and practice; and among others, the following case, the authenticity of which cannot be questioned. I have a two-fold motive in sending it to you for publication: first, because it is an additional testimony in favour of the correctness of the view taken of the spontaneous evolution of the fœtus by Dr. Douglas, Dr. Gooch, and myself, as opposed to the theory of Denman; and, secondly, because it proves the unfitness of a person to undertake the responsible duties of an accoucheur who had not previously acquired a competent knowledge of the principles of obstetric science; hence the utility of a public examination.

"J. P. ætat. 30, pregnant of her second child, was seized, on Saturday the 24th of May last, with the usual symptoms of labour. In the evening of that day she sent for her medical attendant, who (after having made the usual examination) observed to the patient and her friends, that every thing was going on well, the presentation being natural, and that time only was wanting to accomplish the delivery. Having remained with the patient the whole of the night, and finding in the morning that the pains had somewhat subsided, he proposed leaving her for a few hours, and to be called again as soon as they should return. In the evening he was again sent for, and on his arrival, finding the labour had not advanced, he pronounced the case to be one of extreme danger; and that it had become necessary to turn the child, in order to effect the delivery. After many ineffectual attempts, he at length succeeded in bringing down an arm, and then led the friends to expect a speedy termination of the case. It will scarcely be credited that twelve hours were spent in *pulling at the arm*, in which he occasionally had the assistance of one of the attendants present. The crotchet was now fixed in some part of the body of the child with no better success; and after fifteen hours altogether of great exertion on his part, (to say nothing of the sufferings of the poor woman) he confessed he could do nothing further, without the assistance of a more experienced practitioner. Having written a hasty note, a messenger was dispatched to an established practitioner, residing at a distance of seven miles, requesting his attendance with all possible expedition. It appears, that after the departure of the

messenger, the gentleman in attendance did not again meddle with the case. After, however, about two hours had elapsed, the uterine efforts being powerfully exerted, one of the women in attendance raised the bed-clothes, in order to ascertain whether any change had taken place, when, to her surprise, she discovered that the feet had also passed through the os externum. The practitioner was immediately called, who grasped them with his hand, and, after a little exertion, the friends had the satisfaction of seeing the patient delivered of a dead child, and which afterwards presented to their view a fracture of both arms, with a total abolition of the cuticle from one, and a lacerated wound below the clavicle in the other, inflicted by the crotchet. Nothing can be more conclusive than that the delivery was ultimately accomplished by what is termed the spontaneous evolution of the fœtus."

The above case was sent to me by a gentleman who has been for 30 years engaged in extensive midwifery practice in the country.

I have the honour to remain,

Sir,

Your obedient servant,

GEO. JEWEL.

24, Sackville-Street, Piccadilly,
July 5, 1828.

TREATMENT OF ERYSIPELAS.

To the Editor of the London Medical Gazette.

SIR,

IN looking over Mr. Lawrence's paper on Erysipelas, in the last volume of the *Medico Chir. Transactions*, I find that that gentleman has been led into an error in relating the case of a medical student, in which I requested the benefit of his opinion. The particulars of the case are correctly detailed in an abstract of a Clinical lecture, which I published in the *Med. and Phys. Journal* for January 1827. The following passage, to which I allude, occurs at page 75, line 14, of Mr. L.'s paper:—"The treatment by incisions, or leaving the patient to certain death, seemed to me the only alternative that the case presented; and Mr. Earle readily acceded to my proposal of the former, although

he said that he had had no experience of the practice." Mr. Lawrence must have totally misunderstood the conversation I had with him before he visited the patient, as he states that I called him in, not with the expectation that any thing could be done, but to diminish my own responsibility. So far from conceiving that nothing could be done, I had determined to pursue the practice which was afterwards adopted, and mentioned my intention to the father and friends of the patient: but I was desirous of having Mr. Lawrence's concurrence to the propriety of the measure, under the peculiar circumstances of the case. If I had not met with Mr. Lawrence at the hospital, it was fully my intention to have returned and incised the arm, without burthening Mr. Lawrence with any portion of the responsibility. It is true that I stated in the carriage, to Mr. Lawrence, that I was anxious for his opinion, as I had never pursued the practice of incision in a case arising from the absorption of morbid matter; but at the same time, I mentioned, that under nearly similar local circumstances, I had employed it several times with marked success, but never in a case following a wound from dissection. Mr. L., in reply, acknowledged that he did not recollect having employed it under such circumstances. So far from my not having had any experience in this practice, I beg leave to state that, so early as 1811, I had employed it successfully in two cases of cellular inflammation, following venesection, which cases I related at the Westminster Medical Society; and, if I mistake not, some notice was taken of them in some of the ephemeral publications of the day. I have subsequently employed the practice of moderate incisions in several cases long antecedent to any of the cases published by Mr. Lawrence, whose earliest recorded case bears the date of 1825. But I would beg particularly to recal to Mr. Lawrence's recollection the case of a near relation of mine, who died in Essex, in consequence of a wound in his thumb from a gun-flint, which was succeeded by most destructive cellular inflammation of the arm. This case, which occurred in December 1820, was seen by Mr. Brodie, and incisions of four and six inches in length were employed. As I was deeply interested in the case, I mentioned it to many of my professional

friends, and well recollect conversing with Mr. Lawrence on the subject.

I should not have deemed this erroneous statement as worthy of being noticed, but that after the paper was read, and some time before it was sent to the printer's, I pointed out the mistake to Mr. Lawrence, who has not thought proper to correct it.

Before concluding, I beg to make one observation relative to the objections which Mr. L. makes to my calling this affection "cellular inflammation"—"an application," says Mr. Lawrence, "that would be ambiguous, inasmuch as the adjective might denote either the seat or nature of the inflammation."—It is worthy of remark, that a similar objection was raised against the term cellular in the number of the *Lancet* which appeared immediately after the publication of the clinical remarks. "Besides," says the Editor, "the term cellular inflammation, means inflammation composed of cells."!!! In reply to these hypercriticisms, I need only observe, that no one possessed of plain common sense could possibly misinterpret the meaning which I have affixed to these terms, if they would take the trouble to read the explanation which I have offered. But, Sir, I am saved the necessity of entering further into any defence of this term, by Mr. Lawrence having adopted it at page 17, only five pages before he censures my appellation as ambiguous. This is the more remarkable, as in the passage in question Mr. Lawrence purports to give his definition of the nature of erysipelas. You will find at page 17, three lines from the bottom, the following passage:—"Erysipelas, then, is merely a particular modification of cutaneous, or *cutaneous and cellular inflammation*;" or, to use the language of the *Lancet*, an inflammation composed of skin and cells.

I am, Sir,
Your obedient servant,
HENRY EARLE.

George-Street, July 5, 1828.

COLLEGE OF PHYSICIANS AND DR. HARRISON.

To the Editor of the London Medical Gazette.

SIR,

PERMIT me to offer a few observations on the letter of your correspondent, Aretæus, published in the *Medical Gazette* of July 12th. The object of his remarks seems to be, to prove that the College of Physicians has been defeated by Dr. Harrison, in the recent action in the Court of King's Bench. These are his words:—

"Dr. Harrison defies the powers of the College. The College accept the challenge. The trial takes place—the parties are heard. Dr. Harrison gains the cause. This, to a man of common sense, sounds very like the settlement of the question."

Such an inference is either very mistaken or very disingenuous. Dr. Harrison gained no cause—established no principle. He only *escaped* being subjected to the penalties for *illegal* practice of physic, by alledging, through his counsel, that he practised surgery. It would be quite as reasonable to say that a man committing an assault, who *escapes punishment* because the prosecutor cannot bring witnesses of the fact, had settled the question that there was no power in the law to punish the commission of such an offence.

In another part of the letter, Aretæus says, "that Dr. Harrison simply undertook to prove that the terms of the charter did not give to the College of Physicians power to prevent him from practising."

Now, Sir, Dr. H.'s private and public assertions were widely different from this: he maintained that the College charter was illegal; that the College derived no power from it to prevent *physicians*, graduates of foreign universities, from practising *physic* in London, without previous examination and license from the College. He stepped forward, like Goliath, before the army of the Philistines, daring and bravadoing the College to bring their power into action. Now it is a matter of notoriety, that the College of Physicians can only act towards physicians; over surgeons they pretend to no power. Had Dr. Harrison, after boasting of his disposition to "afford every facility,"

abided by his pledge, nothing could have saved him from being fined for practising illegally. He forfeited his pledge by affording no facility, and his counsel only saved him by asserting that he practised surgery, performed manual operations, and was, *de facto*, a surgeon. With Mr. Surgeon Harrison, manually practising, the College could have nothing to do; and the profession and the public have so loudly and so unanimously declared their opinion of the meanness of the defence set up by his counsel, when contrasted with the boastful confidence of his defiance, that more need not be said on the subject, except that, after this Parthian defence, the College might well apply to the defendant the words of Turnus to Drances:

An tibi Mavors
Ventosâ in linguâ pedibusque fugacibus istis
semper erit?

If, after the recent trial, Aretæus and his friends, the *soi-disant* independent physicians, still believe that the College have no right to recover a penalty from persons illegally practising physic—that is, persons who have not been examined and licensed by the London College—let them call to mind the last sentence of the charge of the Lord Chief Justice Tenterden to the jury, on the recent trial:—“If you believe that the defendant (Dr. Harrison) has practised physic for more than one month, you MUST give a verdict for the plaintiffs; if you believe that he has practised *only surgery*, the defendant must have the benefit of the verdict.” Would it not be wise for the non-conformists, or independents, to write these words in gold in the cave in which they hold their meetings, to deter them from rashly encountering the penalty of the law, affirmed by so accomplished a judge as Lord Tenterden?

Again, should they still doubt the existence of the law, and be so unfortunate as to bring a civil action for any of those incivilities called libel, assault, &c. they will find that they must depose their degree before they enter a court of justice, or be non-suited; as the law does not recognize them as physicians unless they have been examined and licensed by the London College. This has repeatedly occurred. Aretæus says, he shall be satisfied, if a new trial be granted, and the parties heard again, that the question is not settled. This is, again, from the operation of his

“common sense;” for had he condescended to inquire the law, he would have found that it has been ruled for nearly a century, not to grant a new trial in a *qui tam* action, in which a verdict has been given for the defendant.

But let Aretæus, or any of his friends, furnish the College with indisputable proofs of Dr. Harrison’s practice as a physician, and he will see that the question will be very fully settled, by the College recovering the penalty of five pounds for every month of such practice.

A few words more before we part. Aretæus concludes his letter thus:—

“It remains to be inquired what is the situation in which the College now stands, relatively to the public and the practising physicians in London not members of that body?” This, he says, he will investigate in a future letter. Now it is possible that a few remarks may assist him in his investigation: he is welcome to the following, which, he may depend upon it, are strictly correct.

The members of the College of Physicians will not meet, in consultation, any of the persons alluded to until they have been examined and licensed by the College.

They will doubtless adhere both to the spirit and letter of their published declaration, not to desist from any prosecution against such persons practising as physicians without a license, where, in the opinion of their legal advisers, there is sufficient evidence of the fact of practice to go to a jury.

They owe to the public, and those gentlemen who have been examined and licensed by them, to maintain their rights firmly, but temperately; to do nought in malice or violence; satisfied that the power vested in them, which has been recognized by the highest legal authorities from Lord Coke downwards, is sufficient and perfectly ready to submit to the difficulties of proof with which every penal statute is necessarily and justly surrounded.

I remain, Sir,
Your obedient servant,
MEDICUS.

London, July 12th, 1828.

MEMOIR
ON THE
DISLOCATION OF THE HEAD OF
THE RADIUS.

BY C. ASTON KEY,
Surgeon to Guy's Hospital, &c.

Read at the Hunterian Society, July 2, 1828.

HAVING been led, in the course of some investigations into the subject of dislocations, to pay particular attention to the circumstances attending *dislocation of the head of the radius forwards*, and having noticed some facts connected with this accident not hitherto described by authors who have written on the subject, I venture to lay them before the Hunterian Society.

It need scarcely be observed that, to those who are much engaged in practical surgery, this accident is known to be so difficult of reparation as frequently to have resisted attempts at reduction under the most judicious hands; and for the information of those who have not witnessed this accident, and who are therefore not aware of the difficulty of reducing the bone, it may be sufficient to quote the highest authority on the subject, that of Sir Astley Cooper, who mentions in his work on Dislocations, that he has himself witnessed six cases of this accident, four of which were unreduced dislocations. He adds a seventh case, which had also been left unreduced. Of these five (out of seven) unreduced cases, one occurred under the late Mr. Cline, "who, after the most varied attempts that his strong judgment could suggest, failed to reduce the bone; and the woman was discharged from the hospital with the dislocation unreduced." Another of the unsuccessful cases occurred to Sir Astley Cooper, who, "after continuing and varying the extension for an hour and a quarter, could not succeed in effecting a reduction*."

The issue of these cases, under the hands of surgeons so eminent for a knowledge of their profession, is sufficient to shew the difficulty attending the reduction, and to prove the importance of the subject; but at the same time it would also lead us to suspect, that either the nature of the dislocation, or

the principle of reduction, must be imperfectly understood.

In the dislocation forwards, the head of the radius is said to be thrown upon the external condyle of the humerus, and to lie over the coronoid process of the ulna; and in a dissection of an old dislocation of the kind, Sir Astley Cooper describes the head of the bone as resting in a hollow above the external condyle. In order to understand the nature of the dislocation, and the manner in which the muscles act in preventing reduction, I endeavoured to dislocate the head of the radius forwards on the external condyle, having first divided the coronary, capsular, lateral, and oblique ligaments; and also a portion of the interosseous: notwithstanding this free detachment of the head of the bone, I found that the radius could not be moved upwards toward the external condyle by any force that I could employ; nor indeed can such motion be given to the bone while the connexion between the radius and the carpus remains entire. Complete dislocation at its carpal extremity is requisite to allow this upward movement of the radius, which the fibres of the interosseous ligament alone can prevent.

The commonly received opinion as to the situation of the head of the radius arises from two circumstances; the striking of the head of the bone against the fore part of the humerus in the flexion of the fore-arm; and the examination of unreduced dislocations, in which the head of the radius is apparently lodged on the external condyle of the humerus. These circumstances, however, only take place in certain positions of the arm, as will be seen when the nature of the dislocation is understood.

A close examination of the several circumstances attending this dislocation, combined with the impossibility of the radius being thrown on the condyle of the humerus, will shew, that the head of the radius passes forward upon the coronoid process of the ulna, resting upon that process and upon the tendon of the brachialis internus muscle; and a farther investigation will also explain the difficulty of the reduction, as well as the appearance which the limb assumes under the accident.

The signs of this dislocation, as correctly described by Sir Astley Cooper,

* Sir Astley Cooper on Dislocations, page 420, 3d Edition.

and as witnessed in one case by myself, are threefold. First, the arm cannot be perfectly extended. This arises from the brachialis internus tendon being compressed by the head of the radius, which thereby limits the extension of the fore-arm. Secondly, the power of flexion is limited to nearly a right angle, in consequence of the head of the radius striking against the brachialis internus and fore-part of the humerus, when the fore-arm is bent. It is to be observed, that in the flexion and extension of the fore-arm, the displaced head of the bone follows the motions of the coronoid process of the ulna, retiring from the humerus when the elbow is extended, and in the flexion of the joint moving with the coronoid process towards the humerus. Thirdly, the limb is in a state of semiprivation, being more or less fixed in that position; and any attempt at rotation is attended with difficulty, and productive of pain. When we look for a cause of this fixed condition of the limb in the action of some of the muscles, we find the pronator teres and biceps relaxed, and the supinator brevis in its natural state. Muscular contraction, therefore, does not appear to fix the head of the bone in its new situation; but in the extended state of the interosseous ligament will be found to exist the principal, if not the sole, difficulty of reduction.

Attempts at reduction have always been made under the impression that it was necessary to disengage the radius from the external condyle by extension. It must be apparent, from the situation of the radius on the coronoid process of the ulna, that extension alone can effect nothing towards the reduction. Nor, indeed, is the principle on which extension by the hand is adopted, correct; for extension by the hand cannot be made to act on the radius independently of the ulna: as long as the ligaments connecting their carpal extremities are entire, they are virtually on bone, and are equally extended by a force acting through the medium of the carpus. It is, however, true that this dislocation has been reduced, while extension has been forcibly made, as in a case of Sir Astley Cooper, in which he placed the arm bent over a sofa;—but in this position of the limb, it is highly probable that forcible supination was at the same time taking place—a move-

ment calculated to reduce the dislocated bone when it is not much advanced on the coronoid process. But that extension, as a means of reduction, is inadequate, is proved by the circumstance of five out of the seven cases given by Sir Astley Cooper having been left unreduced.

The impediment to reduction appears to be a band of the interosseous ligament, about one-third down the fore-arm, which is violently stretched by the separation of the radius from the ulna, and retains the head of the radius on the coronoid process. Upon the extent to which the interosseous ligament is torn, will depend the ease or difficulty of the reduction. In cases where the interosseous ligament is extensively torn, and the head of the radius not firmly bound down, supining the hand, while the head of the bone is pressed outward, will enable the surgeon to replace it. But in a more difficult case, when the supination of the limb fails, in consequence of the tension of the interosseous ligament, the surgeon can convert this opposing band of ligament into an *auxiliary* in the attempt at reduction, *by forcibly pronating the hand*. This can be understood by observing the twisting of the interosseous ligament, in the ordinary position of the dislocation, and the effect of supination and pronation upon its fibres. In supination, the lower fibres of the ligament are relaxed, while the upper are rendered tense; in pronation, the contrary takes place. The first attempt at pronation is attended with difficulty; but as soon as the spine of the radius becomes turned toward the ulna, the interosseous ligament draws the head of the radius outward and backward into its place. Some assistance may be obtained by pressing the head of the bone outward, and bending the arm, to relax the brachialis interior muscle.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

1. *On the Curative Influence of the Southern Coast of England, especially that of Hastings; with Observations on the Diseases in which a Resi-*

dence on the Coast is most beneficial.
By W. HARWOOD, M.D. London.
1828.

2. *A Dissertation on the Nature and Properties of the Malvern Water, and an Inquiry into the Causes and Treatment of Scrofulous Diseases and Consumption.* By W. ADDISON, Surgeon. London. 1828.

WHEN Smollett, who was himself a physician, placed his illustrious hero, Ferdinand Count Fathom, as an aspirant for medical practice at Tonbridge Wells, he could not let slip the opportunity of exposing, with his caustic pen, the various tricks usual on such occasions; and, amongst others, did not overlook the hackneyed one of analysing over again the often analysed mineral waters, and claiming the discovery of new powers of eradicating diseases. Thus, at the present day, volumes are repeatedly circulated, containing some new medical settler's account of the waters: they are laid out on the tables of coffee-rooms and libraries, and, of course, the distinguished authors are searched out and consulted by the *οἱ πολλοί* who fancy that a man must be a prodigiously clever man, because "he has written on the subject." There are, no doubt, many works of this description which are of a different character, and which contain matter well deserving of notice; but, unfortunately, very few would take the trouble of searching for jewels in such unsuspected situations. We remember a work on the Bath waters, a few years ago, by Dr. Barlow, which contained some very ingenious observations, and which we should not regret to see published in a better vehicle. We have no particular fault to find with the volumes of Dr. Harwood or Mr. Addison; and to any one who wishes to obtain information on the salubrity of Hastings, or of Malvern, we can refer them safely to the works before us. Dr. Harwood has described the general effects of sea air and sea bathing, with the peculiar advantages of Hastings, and has given some observations on the diseases in which the coast residence is most serviceable, with precautions as to the plan of treatment most desirable. The list of diseases is so extensive, that we must suppose there will be no dearth of patients attracted by the advantages which are held out to them, and we would particularly recommend a speedy

journey to Hastings of all those (not being our own peculiar property) who are afflicted with indigestion, hypochondriasis, acute or chronic rheumatism, gout, consumption, winter cough, asthma, hæmoptysis, diseases of the liver; those suffering from complaints produced by mercurial medicines, from excessive loss of blood, or other debilitating causes; diseases of children, scrofula, rickets, marasmus, spasmodic diseases, hooping-cough, measles, diseases of the skin," &c. &c. whilst, for all female diseases, there is a powerful chalybeate spring in the immediate vicinity. The learned doctor's work is so frequently interlarded with quotations from the ancients, that we have no doubt but that it will produce a very decided impression.

Mr. Addison's Dissertation is on a somewhat similar plan. He first describes the beauties and attractions of Malvern, and particularly the nature of its waters, and remarks upon their long-established character in scrofula, glandular obstructions, old and fistulous ulcers, nephritic disorders, skin diseases, and thoracic affections. He attributes the benefit experienced in such cases partly to the salubrity of the air, and partly to the extreme purity of the water; not believing that it contains any particular ingredients in sufficient quantity to produce much effect. In Dr. Wall's time it was the fashion, in many of these cases, to keep the patients constantly wet, clothes and all, for many weeks, with the water from the spring; but Mr. Addison does not seem to think that the external application of it is of any service. He theorises upon the mode in which this pure water acts, in the progress of its course through the body; but the best part of the book, perhaps, is his description of scrofula, its causes, the various forms in which it shews itself, the means of prevention, and the modes of treatment. This leads on to the tubercular degeneration, as one of the products of a scrofulous diathesis; and the diseases of the lungs naturally follow. The volume concludes with a chapter on the changes in atmospheric temperature and salubrity, by terrestrial radiation; which is exceedingly ingenious and interesting, and well worthy of notice. We fear that the fashionable doctrine of the day, malaria, will succumb a little before this new theory;

new, at least, as applied by our author, who brings forward many very curious facts in confirmation of his views,—and many of them, oddly enough, of the same nature precisely as those with which Dr. Macculloch supports his favourite hobby. The two doctrines, perhaps, are not incompatible, as the radiation of caloric from the earth may be part of the means of giving efficacy to the morbid qualities of the malaria. We recommend the consideration of the subject to our readers.

MEDICAL GAZETTE.

Saturday, July 19, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

INDISCRIMINATE BLEEDING.

INSTEAD of devoting our pages to self-praise, or to the abuse of our neighbours, it will be as well, perhaps, to turn our attention occasionally to some practical points that do not appear to be clearly understood or settled, and to which we have been led by the perusal of certain cases of accidents, as recorded in the public Journals: in doing so, we shall also have the gratification of attempting, at least, to answer the questions of more than one of our correspondents. In one of these cases, a boy was reported to have been run over by a chaise, in the neighbourhood of South Audley-Street, and the practitioner into whose house the patient was taken, is said to have tied up his arm, and to have let blood, under circumstances that, in the opinion of the person who recorded the case, did not appear to justify such a proceeding. Dissection, however, shewed that no plan of treatment could have saved that patient. The second instance to which we allude, occurred in the country. Men were employed in emptying a privy: two of them were successively

destroyed by the vapours arising from it; and, not returning to their companions, a third went in search of them, taking the precaution of having a rope put round his body: the poor fellow, feeling the suffocating effect of the effluvia, had just time to request to be hauled up;—this was done, and he was taken, in a state of insensibility, to a surgeon's in the neighbourhood, who bled him, and he died in about half an hour. Such are the facts upon which we mean to comment shortly, first remarking, that the practice adopted in the above cases has become, from the prevalence of popular prejudice, almost indispensable to the reputation of every medical man, in a case of accident, from whatever cause arising, in every case of epilepsy or convulsion, as well as after every fall or every blow; so that the man who should refuse to bleed a person so circumstanced upon the instant, would, in the popular opinion, be thought to have acted most ignorantly, if not criminally.

It is not our intention, at present, to view this question as applicable to medical cases, but to restrict ourselves to the simple points above alluded to—namely, the propriety of bleeding instantly after accidents, or blows received, or in cases of asphyxia. The first question is the most difficult and intricate, because it involves the distinctions between concussion and compression of the brain, and therefore comprises one of the most perplexing points in surgery; however, our embarrassment is lessened by narrowing the inquiry into the propriety of *immediate* bleeding. Now, when a person receives a blow on the head, or falls from any height, either upon the head or any other part of the body, concussion of the brain may occur. This is denoted, in its mildest form, by sickness at the stomach, temporary insensibility, coldness of the surface of the body, and,

in its higher degrees, by dilated pupils, stertorous affection of the breathing, and a pulse scarcely perceptible, or beating in an intermitting, fluttering manner. Here, then, are symptoms denoting some undefined derangement of the nervous energy—some interruption of the power by which the irritability of the heart and muscles is preserved; and the *secondary* consequence is, congestion in the venous system and the right cavities of the heart. The disturbance of the nervous function is the cause of this, and therefore our endeavours should be turned to remove this condition in the first instance. The obvious remedies are diffusible stimuli, wine, or cordials; and these should be given cautiously, but perseveringly, until re-action becomes apparent. But are we to rely entirely upon these?—No; as soon as the pulse rallies, and the sensibility begins to revive, it is right, nay, absolutely imperative upon us, in many instances, *then*, and not till then, to let blood. This is done for the purpose solely of removing the congestion, and facilitating the oppressed and laboured action of the heart; but, in slight cases, such depletion is not necessary, and must, in many cachectic habits, be absolutely pernicious, in reference to their previous state of health; it is, therefore, to be reserved for those serious cases of concussion in which re-action is imperfect, and the balance of the circulation, if we may so express it, is lost. But it will be urged, and with truth, that the symptoms of concussion and compression of the brain are nearly alike; and that, if compression be the cause of the symptoms, the plan proposed above cannot be proper;—nor can any thing but depletion remove the compressing cause, granting that to be internal extravasation, and not depression of the bone. But, although it be true that the general symptoms of the two af-

fections be very similar, yet, be it remembered, that concussion is always the *first* effect of the accident. It does not very often happen that effusion is either so sudden or so extensive as immediately to produce the symptoms of compression; and if it be so, it is irremediable under any circumstances, excepting in the case of depressed bone (a point which is not now under our consideration); so that what we have *immediately* to attend to in such accidents is almost universally a concussion, which will generally pass off either altogether, or in degree, under the stimulating plan of treatment. If, after any partial amendment, the symptoms return, then we may be sure that compression is at the bottom of the mischief, and in that condition the state of the pulse will more usually resemble that of sanguineous apoplexy; but even then our bleeding should be cautiously adopted, and perhaps even *united* at first with the moderate employment of ammonia, for the nervous energy is probably in these cases much disturbed, and the bleeding will be more free and more efficacious than if relied upon alone.

It appears, then, from what has been said—first, that the practice to be pursued in all cases of accidents in which the nervous power has received so violent a shock as to produce insensibility, coldness of the surface, failure of the pulse, is to give stimuli, in order to excite re-action of the system—of these, the diffusible stimuli are always to be preferred, as not interfering with any after measures of depletion that may become necessary; secondly, that when re-action takes place slowly and imperfectly in severe cases, that a cautious and guarded abstraction of blood is not inconsistent with the employment of ammonia; and, thirdly, that in those mixed cases in which concussion and compression are simultaneous, that the

two modes of practice so apparently opposite may even be combined with advantage—always remembering that we are speaking only of the practice to be pursued on the *first* occurrence of the injury. With reference to all cases of asphyxia, arising from the inhalation of deleterious gases, a few words only will suffice: immediate abstraction of blood in such cases is unquestionably wrong—the mode of relief consists in pure air, a semi-erect position, the application of ammonia, so as to re-excite the muscular irritability, and, perhaps, the inflation of the lungs with cold and pure air.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Rupture of the Ilium.

AN instance of this generally fatal accident occurred at this hospital very lately.

The subject of it, an Irish labourer, was drawing a hand-cart along the road, when it was struck by a carriage, and the handle driven forcibly against his abdomen. He was knocked down, and vomited immediately, and continued to do so for some time. This occurred at 4 P.M. June 30th, and at 5 he was seen by a surgeon, who bled him, and gave him two pills, supposed to be purgative. When brought to the hospital, he had all the symptoms of ruptured intestine, but all in so slight a degree that it appeared doubtful whether that really was the accident. The feet being cold, bottles filled with hot water were applied to them; and to relieve the pain in the abdomen, it was fomented. He passed a tolerably good night, and had one or two evacuations.

July 1st.—The impression, on first seeing the patient this day, certainly was that the injury was not so serious as it afterwards proved to be: the countenance was sunk, and expressive of considerable languor and suffering, but these were not so strongly marked as we generally see them in such cases. When, however, the other symptoms had been ascertained, little doubt re-

mained of the nature of the accident. The pulse was 90, rather hard, sharp, and jerky. The patient had vomited two or three times during the night a small quantity of a greenish fluid; the tongue was covered with a yellowish fur, except at the tip and edges, and the furred part was quite dry. There was great thirst; pain was complained of, extending over the abdomen, and every part of the parietes of that cavity was sore to the touch, especially the part in which the blow had been received—viz. the right iliac region. There was pain also in the loins and back, shooting up to the head. The patient could not turn in bed without extreme agony, and was easiest when lying on the left side.

R Magnes. Sulph. ʒjss. Habeat in Haustu
2dis horis, donec alvus dejecerit.

Hirudines, xxx. abdomini.

Habeat vespere Opii, gr. j.

Hyd: Submur. gr. iij. in Pil.

9 P.M.—The patient was asleep when visited. He had been tolerably easy during the day; he had not vomited again; the hands and feet were warm.

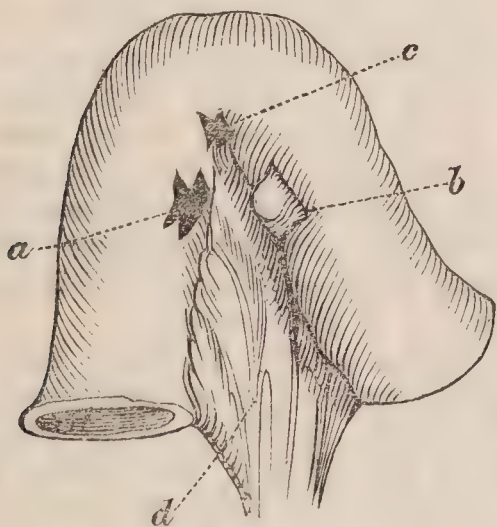
July 2d.—This morning the appearances changed much for the worse. Symptoms of collapse came on, which increased until 5 P.M. when he died. As he had had no stool this day, the nurse gave him two or three doses of castor oil, and some mist. salin. cathart.

Sectio Cadaveris, 19 hours after death.

—The abdomen was excessively distended with gas, which escaped when the parietes were pierced by the knife. On raising the abdominal muscles, the peritoneum opposite to the seat of injury was found to have a few spots of extravasated blood upon it. The superficial folds of intestine, and the omentum covering them, were firmly matted together by immense quantities of lymph; so much so that it required considerable force to tear them asunder. A portion of the small intestine, apparently about the upper part of the ilium, contained two apertures, each about two-thirds of an inch square, the edges of which were ragged. The intestine in which these openings were found was not immediately under the seat of injury, but opposite to it; two or three layers of intestine being interposed between it and the abdominal muscles. As these layers of intestine, through which the blow must have been communicated to the

ruptured portion, were not in the least injured, it is probable that they were empty at the time of the accident, and that the ruptured portion was distended, and consequently presented the first resistance to the blow. The mucous lining was not everted at the apertures, probably because the muscular fibres of the intestine were paralysed by the blow. But an attempt had been made to stop up one of the holes in another way. They were both situated on the mesenteric side of the canal, just where it made a very sharp turn; one of them being exactly in the apex of the angle so formed, and the other about half an inch below it. Opposite to this latter opening, on the surface of the other side of the angle formed by the intestine, a large piece of lymph had been produced, exactly of the size of the aperture, so as to act as a plug to it; and this office there was every reason to believe that the piece of lymph had performed until after death, and that it was pulled out during the inspection.

No attempt, however, had been made to stop the other aperture—viz. that situated in the centre of the angle, and through this, and, probably, at first through the other, a great quantity of fæcal matter had escaped into the bag of the peritoneum. This mingling with the serous effusion produced by the inflammation, had formed an immense quantity of thick yellow fluid. Perhaps the annexed sketch may make the above description more plain.



- a*, is the aperture; an attempt to stop which appeared to have been made.
- b*, the plug of lymph.
- c*, the aperture which remained open.
- d*, the mesentery.

Rupture of the intestine is generally considered as a necessarily fatal injury;

and, in consequence, it is supposed, that if it have really occurred, nothing can do any good: but is this opinion well-founded; and is not the very belief that nothing can be done the reason why the accident is so regularly fatal? The experiments of Mr. Travers on animals, and many cases which have occurred in military surgery, prove that incised and punctured wounds of the intestinal canal may occasionally be recovered from; and although we should expect lacerated wounds to be more dangerous, yet there cannot be a greater difference between incised and lacerated wounds of the intestine than there is between the same wounds of the skin. The grand danger in all these wounds, is from the escape of the fæces into the cavity; and ruptured wounds are more likely to be complicated with this danger than any others, for this reason—viz. that if any part of the canal contain fæculent matter, that part will be burst, as it gives the greatest resistance to the external force, and consequently the matter is almost certain to be effused. But if this effusion do not take place at the time of the accident, there appears no reason for thinking, if proper treatment be used, that a ruptured wound of the intestine must be necessarily fatal, more than an incised or a punctured one. But what is the proper treatment? First, by every means in our power to produce a torpid state of the intestinal canal; and, secondly, by the most active means to subdue the inflammation which arises. Under the former head should be included the withdrawal of every medicine which is likely to at all stimulate the intestines, and thereby to excite their peristaltic action, which must infallibly break down the forming adhesions, or prevent their formation: perhaps even opium might be given with this intention. Would it not be right, also, even to forbid food, or drink, except something to wet the lips? The means of subduing, or preventing inflammation, can scarcely be carried too far: they should, probably, be restricted to local and general bleeding, and fomentations.

The above is confessedly a theory, formed from only a few cases: one case in particular ought to be related, as it seems to demonstrate forcibly the possibility of recovery after the accident in question. A stout lad of 16 ruptured his jejunum by falling from a mast

across a bar of iron. He lived about 20 hours after the accident, and during that time had very few symptoms of ruptured bowel, but all the marks of peritoneal inflammation. When he died, the intestines were found united together, in almost every part, by lymph, and the opening in the jejunum was quite closed by a portion of omentum, which had adhered over it. Very little fæcal matter (if any) had escaped, and the patient had plainly died of such peritoneal inflammation as might have been subdued by the more early and courageous use of the lancet. This case seemed to prove what it is the object of these remarks to shew—viz. that rupture of the intestine is not a necessarily fatal accident. G.

ST. GEORGE'S HOSPITAL.

Injuries of the Head.

THERE are very few points in surgery which have excited more varieties of opinion and disputes, than the treatment of the injuries to which the head is liable—particularly fractures of the cranium. As facts must always be of service, let theories and theorists differ as they may, we have been induced, in the present and succeeding number, to detail some cases of injury of the head, which have occurred at the hospital within the last two months.

CASE I.—*Compound Fracture of the Skull—Trephining—Death.*

Thomas Butter, a boy between 10 and 11 years of age, was admitted on the 12th of June, having fallen, head-foremost, from a height of 25 feet, upon a quantity of flag-stones.

The accident happened at a distance from the hospital, and on admission he was quite insensible to what was passing round him; but extremely restless, moaning, and tossing his arms and legs. The surface of the body was pale and cold; the pulse with difficulty felt; the respiration rather hurried, and occasionally attended with a little stertor; the pupils extremely irregular in their action. On examining the head, a scalp wound was discovered very near the centre of the os parietate, on the right side, which led to a considerable fracture, with depression, of the anterior inferior portion of the bone. The

membranes of the brain were evidently ruptured, for cerebral matter was mixed with the blood that issued from the wound. A little while after his admission, he vomited a quantity of fluid, and at the expiration of an hour the pulse had risen to 76, but continued small and weak.

On seeing the patient, Mr. Rose immediately enlarged the external wound, and exposed the fracture, which was very severe, and extended to the temple. The case being a hopeless one, and the chances, without an operation, next to nothing, Mr. Rose thought it better to trephine as a *dernier resort*. The crown of the instrument was applied to the parietal bone, and the portion embraced in it removed. The elevator was then introduced, and four separate pieces of the cranium removed, the largest of which was an inch in diameter, and marked on its under surface with the groove for the spinous artery. The fracture extended across the coronal suture, and passed downwards apparently beyond the squamous, implicating the temporal bone, or temporal process of the sphenoid. On placing the finger in the wound, the dura mater was found to be widely torn, and portions of brain were continually escaping. Very little blood was lost in the operation, but a few cutaneous vessels required to be tied. The boy moaned much, and kicked very lustily the whole of the time; the pulse also rose, and he vomited freely, but no return of sensibility was noticed.

Half-past 3 p. m.—A short time after the operation he had a convulsive fit. The pulse is rapid and very weak; he lies in an apoplectic state, with his eyes half open, and there is a violent fluttering at the heart. Towards evening he had several convulsions; the respiration grew stertorous and laboured, and at 8 p. m. he expired.

Dissection.—The fracture extended round the summit of the cranium to the opposite side, whilst another branched off from the original, downwards to the sella turcica of the sphenoid bone. A quantity of blood was effused upon the brain on the left side, and the dura mater, at the spot where the injury occurred, was lacerated to the extent of an inch and a half. The subjacent brain was considerably broken up, of course, and a quantity of bloody serum was discovered in the ventricles. The

viscera, &c. were sound, but the clavicle was broken on the right side, and there were several bruises on the surface of the body.

This was so severe a case of compound fracture of the cranium, that the operation was considered a forlorn hope, even at the time of its performance. In the following the symptoms were favourable, and the operation perfectly successful.

CASE II.—Wm. Myddleton, 40 years of age, was crossing a field on the 29th of May, between 8 and 9 p. m. along with some companions, when, by some means or other, they got engaged in an affray between a blacksmith and some Irish. A scuffle took place, and an Irishman felled him to the ground by a blow with an axe upon the head: he was stunned for upwards of an hour, and when he regained his senses, he found that he was lying deserted on the field, and bleeding profusely from the wound. In the course of a little time his friends came up, and conveyed him to a public-house, where he was seen by a surgeon, who dressed his head. He was brought to the hospital at midnight, and before his arrival the hæmorrhage had ceased.

On admission he was perfectly sensible, though weak from the loss of blood; no paralysis; no stertor; pupils unaffected. Three scalp wounds had been received—one upon the right side near the ear, another on the opposite side, contiguous to the temporal ridge of the parietal bone; and a third, and the largest of all, upon the vertex, a little to the right of, and crossing obliquely, the sagittal suture. It was an incised wound, similar to what would be inflicted by an axe, and the bone was so depressed, that the little finger could be introduced for half an inch. The wound was exactly in the situation of the longitudinal sinus, into which the bone had apparently been driven, for the finger, when passed in, could touch neither brain nor dura mater. The lower jaw was broken on the left side.

R Calomelanos gr. v. Pulv. Jalap. gr. xv. statim. Haustus Sennæ.

30th, 11 A. M.—Free from pain, or other symptoms of constitutional disturbance; pulse 76, regular and soft; skin rather hot.

In the afternoon he still continued free from “symptoms,” and it was not

thought necessary to send for Mr. Brodie until the evening. At 10 p. m. Mr. B. saw the patient for the first time, and determined, in spite of the absence of symptoms of compression, on applying the trephine, and elevating the portion of bone which was depressed. In performing the operation, the internal table of the bone was found to be more extensively fractured than the outer, which made it more difficult to raise. The edges of the wound were brought together with a suture, and lightly dressed.

June 1.—He had pain in the head after the operation, but it soon subsided, and he passed a quiet night. This morning he is free from uneasiness; there has not been any bleeding from the wound; the bowels are open; the pulse is 72, regular and soft.

In the afternoon he had shivering and nausea, with quickish pulse and white tongue. He was bled to twelve ounces, or thereabouts, at 6 p. m., and in the evening the unfavourable symptoms passed away.

Lotio Spirit. Capiti.

2d.—He had been purged in the night, which made it necessary to countermand the administration of saline draughts with sulphate of magnesia, which had been ordered. At present he is doing well—the purging has been stopped, the pulse is moderate, the skin cool. He was directed to take a saline draught, with 15 minims of antimonial wine, every six hours; but on the 3d the countenance was sallow, the tongue white, he had slept but little in the night, and the bowels were confined. Four grains of calomel were given him at bed-time, and a senna draught next morning, which dissipated the unfavourable symptoms. The wound on the head proceeded well—he never suffered pain, and before this report is published the patient will be discharged the hospital.

Mr. Brodie observed, in his Clinical Lecture, that when he saw the patient, there were neither symptoms of concussion nor compression; and it became a very serious question whether he should elevate the bone or not. Many recover when the operation is not performed, an example of which occurred at the hospital last year, in the instance of a boy, when the depression was greater than in the present case.

It occasionally, however, happens, when the trephine is not applied, that the patient will at first recover; but afterwards, when he resumes his usual habits, he becomes affected with a variety of anomalous symptoms, as paralysis, numbness, or convulsions. Besides this, in fractures with depression, suppuration not unfrequently occurs between the bone and the dura mater, when the inflammation is liable to spread to the deeper seated membranes, if the matter is pent up. If the discharge can get a ready exit, the inflammation of the deeper parts is by no means so likely to occur.

Sir Astley Cooper has observed, that the suppuration between the bone and the dura mater takes place more frequently when the scalp is wounded, than when it is entire; and although Sir Astley has not adduced such a number of cases as fully to prove his position, yet Mr. Brodie has collected enough from his own experience, and the recorded observations of others, to induce him to believe that the opinion is substantially correct. Seeing, then, that suppuration between the bone and the dura mater is more frequent when the scalp is wounded; that if the discharge has not a ready exit, the suppuration will spread to the deeper membranes; and, finally, that even though the patient should at first recover, he would not be secure from the occurrence of after-symptoms, Mr. Brodie trephined in the present case, notwithstanding the absence of the symptoms of compression.

If the scalp be wounded and the bone depressed, but an interval exists between the broken portions, the matter, if it forms, can get an exit, and the use of the trephine is not so much required.

A boy was admitted some years ago, with a fracture resembling the present: the trephine was not applied, and in the course of some days, the scalp wound having partially united, the patient was attacked with unfavourable symptoms. Mr. Brodie divided the adhesions, and discovered some matter on the dura mater, between it and the bone. The broken pieces, however, were so fairly separate, that the matter had a ready exit, and on this account Mr. B. considered it unnecessary to have recourse to the trephine. The symptoms were relieved, and the boy did well.

The liability, after its employment, to hernia cerebri, has been urged as an objection to the use of the trephine; but Mr. Brodie believes that it greatly depends on the practice which has been employed. If a surgeon applies some simple dressing to the wound, and does nothing more, the dura mater is likely to slough, and fungus of the cerebrum ensue. It should be remembered, that in cases of this kind, the patient is frequently delirious, and either tears off the dressings, or is so restless that they fall off themselves; the dura mater is exposed to the influence of the air, inflammation follows, and the membrane sloughs. Mr. Brodie is always in the habit of bringing the edges of the scalp together by a suture, leaving space enough for the matter to escape. With this precaution, when the dura mater was free from injury, Mr. B. has never seen a case of hernia cerebri as a consequence of the operation.

The remainder of the lecture was occupied with the consideration of a case of concussion, which we shall report, with some others of the same description, in our ensuing number.

ST. THOMAS'S HOSPITAL.

Contraction of the Pulmonary Artery.

It may be in the recollection of some of the readers of the Gazette, that in the year 1826 a case of this disease occurred in St. Thomas's Hospital, which excited considerable interest, both from the rarity of the case and from its having been shewn to many persons out of the hospital, as a proof of the utility of the stethoscope; as, by that instrument, Dr. Elliotson had been enabled to declare positively, some time before the patient's death, that the cause of the symptoms was that which, on dissection, it proved to be. The doctor gave a clinical lecture upon the case; and those who like to turn to the *Lancet* for that year, will find it narrated. An enumeration of the principal symptoms may here be made, with a short account of the postmortem appearances, in order to shew the almost complete similarity between the case and one which has lately occurred at the same hospital, and under the same physician.

Owen Sweeny, aged 49, had been ill five years. When admitted, he had

ascites, anasarca of the legs, a quick and rapid pulse, dyspnœa, and palpitation, but could lie down. The palpitation and dyspnœa had existed a year. The jugulars and other veins of the neck were distended to a great degree. On applying the stethoscope to the right side of the heart, or upon the sternum, a whizzing sound (*bruit de soufflet*) was heard; and it was ascertained, by feeling the pulse, that this sound was synchronous with the contraction of the ventricles. The principal post-mortem appearances were as follow:—The pericardium was adherent to the heart, and contained some portions of cartilage; there was a cartilaginous body in the substance of the wall of the right ventricle, where the pulmonary artery leaves it, and the artery was contracted in size to that of the brachial, there and for some inches beyond. These particulars have been kindly furnished by Dr. Elliotson, and they prove that his diagnosis was perfectly correct.

Dr. E. had not met with another case of the same kind until within the last two months, when a patient came to the hospital with symptoms so much resembling those of the former case, that he immediately declared that it arose from the same cause. The man's name was Crawley, his age 60, and he had been out of health some months. The general symptoms were orthopnœa, anasarca of the arms, thighs, and legs; considerably increased action of the carotids and radials, and distention of the veins of the neck, with tenderness of the epigastrium. The stethoscope, as in the former case, gave the only certain indication of the cause of the disease. On applying it to the upper part of the sternum, a loud and distinct *bruit de soufflet* was heard, at the moment when the ventricles contracted, proving that the obstruction must be at the outlet of one of those cavities, while the situation in which the noise was heard, and the distention of the veins, pointed out the right as the one implicated. The only material differences between the two cases were, the circumstance that, in the former, the patient could lie down, while the latter could not, and the increased action of the carotid and radial arteries in the latter. These did not attract much attention at the time, and they most probably arose from a very different cause

from that which produced the other symptoms. What this cause was, will appear in the sequel.

Sectio Cadaveris.—This was performed under very unfavourable circumstances, being done almost by stealth, in the patient's house, and when the body was in a very advanced state of decomposition. In consequence, a very minute examination could not be made, but the heart itself was brought away.

The pericardium was adherent to the surface of the heart in every part; the heart itself was enlarged to twice its natural size, and its substance was very much softened, and so changed in texture as almost to have lost its fibrous appearance. A part of this change might be owing to the decomposition, but certainly not all of it. The walls of the cavities were thickened, but not in proportion to the increase in size of the whole heart; the cavities themselves, and especially those on the right side, being much dilated. At the origin of the pulmonary artery, a fibro-cartilaginous structure was found, as large as a small egg, and almost surrounding the artery; which was, in consequence, so much diminished in caliber, that it would scarcely admit the little finger;—beyond, the artery retained its usual size. Here, then, was precisely the morbid change which had been foretold, and another proof that the stethoscope is not quite so useless an instrument as some suppose it to be. But another most unexpected disease was found in the chest: a very large aneurism of the aorta, which had burst before the body was opened, and probably before the patient's death, as the blood with which the back part of the chest was filled had coagulated. This was not looked for, but might it not have been so?—was there not, at least, one symptom of it? It has been already stated, in the account of the symptoms, that there was increased action of the carotid and radial arteries, and that the patient could not breathe in the recumbent posture: both these symptoms were present, in a remarkable degree, in the case of aneurism of the aorta described in the Gazette a few weeks since. The latter is a usually described symptom of the disease: may we not conclude that the former also, although it has not hitherto been mentioned as a symptom of aneurism of the aorta, is yet one, at least, of the aneurism by dilatation, which

both these cases were? Two cases are scarcely sufficient on which to build an opinion; and it appears almost incredible that such a remarkable symptom should have been overlooked, if it had existed in other cases.

The obliteration of the cavity in which the heart naturally moves, by the adhesion of the two surfaces of the pericardium, was a very remarkable point of resemblance in the two cases described in this report. It must materially have contributed to produce the symptoms; and Dr. Elliotson is inclined to think, that adhesion of the loose pericardium, from inflammation, is a very common commencement of many diseases of the heart, as well as of that above described. It will be remembered that, in the first case (that of Sweeny), the pericardium was beset with pieces of cartilage, resembling that which produced the obstruction.

It may, perhaps, be said, that when there was so much other disease, and especially in the latter case, (aneurism of the aorta,) it is unfair to attribute the symptoms to the obstruction of the pulmonary artery. But, first, such an obstruction could not exist without producing some very marked effects;—secondly, the main symptoms were precisely those which diminution of the outlet of the artery would produce.

Thirdly, Laennec asserts—and subsequent pathological observation has confirmed the truth of the assertion—that the stethoscope is incapable of giving any certain indication of the existence of aneurism of the aorta, and that it is continually found without having been suspected.

Fourthly, whatever may be the real symptoms of such an aneurism, neither it nor adhesion of the pericardium have ever been known to produce a ventricular *bruit de soufflet* confined to the right side. G.

Dislocation of the Os Femoris on the Dorsum of the Ilium, reduced in three minutes.

Thomas Jennings, æt. 24, a stout healthy-looking man, was admitted into the Hospital July 6th, at 11 P.M., with dislocation of the left femur, from a fall in running, when the left leg was thrown forwards and the other bent under the body. There were all the symptoms which usually characterize such a dislocation. It had been done ten hours;

attempts had been made to reduce it, and from the effects of these, probably, he was very faint. He was placed on the table, and the pelvis being fixed by a padded belt, a wet roller was tied round the limb above the knee, to which the pulleys were attached, and extension being made while the femur was gently rotated, in less than three minutes the dresser felt the head of the bone move towards the acetabulum and hip, into its socket. G.

EXTRACTS FROM JOURNALS,
Foreign and Domestic.

AMPUTATION OF THE NECK OF THE
UTERUS.

M. LISFRANC lately communicated the following facts at a meeting of the Royal Academy of Medicine. A woman who had undergone amputation of the neck of the uterus, several years ago, and who had become a mother once since the operation, was in the last month of a second pregnancy: the pains of labour had been present three days. Dr. Boulou, and two assistants, sent by M. Lisfranc, found, upon their arrival, that the neck of the uterus was dilated about half an inch; at the end of an hour it equalled the size of a six-franc piece; the membranes protruded, making a considerable advance in the vagina; they were ruptured by the accoucheur, and the labour continued regularly, and, in about two hours, terminated by the birth of a well-formed male child, in good health. After the lapse of some time, fresh pains came on, and the medical attendant discovered in the vagina the fore-arm of a second child; he turned by the feet, and delivered in a few minutes, but the infant was lifeless, and could not be revived by bleeding from the umbilical cord, nor by any other means. The mother was seized with peritonitis, but the antiphlogistic means employed give reason to hope for a favourable termination to the case. M. Lisfranc said that he had already performed the above operation on *thirty-six women*, on account of carcinoma of the womb. Of this number, three are under cure, three are dead, and the remaining thirty are actually in good health. The last of the three who died, suffered, some days after the operation, not from symptoms

of enteritis, peritonitis, or inflammation of the uterus, but from an obtuse, fixed, and deep-seated pain in the epigastrium and left hypochondrium. Death ensued on the seventh day, preceded by great prostration of strength. On opening the body, no traces of inflammation of the womb, intestines, or membranes, were found; the disease had been entirely removed, but the state of the spleen attracted especial attention. It was converted into a soft pulpy mass, resembling in appearance the lees of wine. Towards its lower part, it was occupied by a cancerous tubercle, resembling fungus-hæmatodes. It is remarkable that this disease had produced no symptom, during life, worthy of attention, excepting the above-named dull pain, a few days only before the patient's death. There was also found a round, but small, cancerous tubercle in the anterior parietes of the uterus.

ADMISSION OF AIR INTO THE VEIN IN BLEEDING.

Mr. Bouley, a very able veterinary surgeon of Paris, bled a horse, having pneumonia in the neck, with the phleam, in the usual way. Nothing particular occurred during the early part of the operation; but, as the vessel into which the blood was received was not large enough to contain the quantity which Mr. Bouley wished to take, he, on its being full, suspended the compression on the vein below the puncture, whilst the vessel was emptied. At the instant when the compression ceased, he heard a remarkable noise, which he had several times noticed in the course of his practice, without any ill consequence following the event, and to which he now, therefore, paid but little attention. The bleeding was completed, and the animal led into his stable. He had but just arrived there when he was affected with a general trembling; his breathing became laborious and *plaintive*; his pulse small, irregular, and much accelerated; and, finally, he uttered some deep groans, and fell down in his stall "as if stricken by lightning." On reflecting on the whole of the circumstances of the case, Mr. Bouley believed that the noise he heard, above alluded to, arose from the rushing of air into the vein, and he instantly determined to draw more blood from the animal. As the blood flowed, the horse "appeared to assume a new life;" he made some efforts to get on his legs, but did not

succeed until the lapse of five or six minutes from the last bleeding. When up, his pulse became sensibly developed, and lost its rapidity; his breathing became deeper; and in half an hour from the time of the accident, he seemed to be in "the same state as before the first bleeding." Some new phenomena were now observed. The horse experienced, during the whole of the afternoon of the same day, "an extreme degree of sensibility of the whole of the right side of the body (the side opposite to that in which the venesection was practised), accompanied with very intense pruritus: he laid down and rolled himself about on this side, to rub himself against any objects that offered resistance."

The pneumonia run its usual course, and terminated favourably. Thirty days after the accident the horse was put to his ordinary work, and has not since shewn any sign of disease.

Professor Dupuy, of Alfort, has mentioned that he had witnessed a similar accident, in which a second bleeding was also immediately effected. This case terminated favourably. Dr. Magendie doubts whether sufficient air was introduced to have proved mortal if the second blood-letting had not been resorted to. He injected some air (he does not say how much) into a vein of a dog, and then bled him; but the animal died as soon as if he had not been bled immediately after the introduction of the air.—*Veterinarian, from Magendie's Journal.*

SUCCESSFUL REMOVAL OF A CONSIDERABLE PORTION OF INTESTINE FROM AN OX.

Dr. Cheselden relates a singular case of this, with which all our veterinary readers may not be acquainted:—

An ox was suffering under constipation of the bowels. "Thomas Brayer, a doctor for cattle, opened the ox in the flank, and took out great part of his bowels; upon searching which, he found there was a perfect stoppage in the guts, and the gut was, about the stoppage, putrified for three-quarters of a yard: whereupon, he cut off so much of the gut as was putrified, and took it quite away, and then drew the ends of the guts which remained sound, after what was cut off, together upon a hollow keck, which was about three or four inches long, and sewed the said ends of

the guts together upon the said keck, leaving the keck within the guts, and then sewed up the hole cut in the hide upon the flank of the said ox. Within the space of one hour after this operation was performed, the ox dunged, and the piece of the keck which the said ends of the gut were sewn upon came away from the ox with the dung; whereupon the ox recovered, and lived to do the owner service several years."—*Veterinarian*.

MONSTER PRODUCED BY A COW.

This singular monster, born at Wagendrussel, in the county of Zips, in Hungary, is described by Dr. D. Schreiter; it was extracted, living, from a cow, in April 1825, and killed immediately. A tradesman kept it, and eight days after a judicial examination of it took place. Its length, from head to the anus, was three feet, (Vienna measure) and it was two feet in height. The head was larger, but *entirely resembling that of a man*. The space comprised between the coronal suture and chin measured ten inches. The frontal and parietal bones were separated by a fontanelle. The sagittal suture was an inch long; and this region was covered with yellowish brown hair. On each side there was a small human shaped ear, the lobe of which terminated in a calf's ear, three inches long. The face was entirely smooth, and without hair. The eyes blue, the eye-brows the colour of the hair. The nose was flattened at the end, and the nostrils wide. The upper jaw, without teeth, was terminated by a lip, as in man; the lower lip, having ten pointed teeth, had more analogy to that of a calf; on the chest were two hemispheric breasts, projecting about half an inch, with prominent nipples; the thorax and buttocks resembled the human, only the body was rather longer in proportion to the limbs; to the lumbar vertebræ succeeded a tail, 8 inches long, under which the female genital organs were situated. The udder was situated between the buttocks. The limbs, which were naked as far as relates to the arms and thighs, were otherwise covered with hair, and terminated by the feet of a calf. The magistrates of Wagendrussel, the greater part of the inhabitants, and a deputation from the county of Zips, sent expressly for the purpose, are called upon to depose to the above facts.—*Bull. des Sci. Med.* Mar. 1828.

On Friday last Sir A. Carlisle was elected President; H. L. Thomas, Esq. and Sir P. Macgregor, Vice-Presidents, of the College of Surgeons; and J. Briggs, Esq. was elected a member of the Council.

LITERARY ANNOUNCEMENTS.

Published, Transactions of the Medical and Physical Society of Calcutta. Vol. III. 8vo. 15s.

In the Press:—A Lecture on the Structure and Physiology of the Ear, in Man and Animals; as delivered at the Royal Institution of Great Britain. By J. H. Curtis, Esq. M.R. Surgeon Aurist to the King.

BOOKS RECEIVED FOR REVIEW.

On Difficult Cases of Parturition; and on the Use of the Ergot of Rye. By W. Michell, Member of the Royal College of Surgeons.

A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura. By Dr. C. J. B. Williams.

A Manual of Midwifery. By W. Maclure, Surgeon.

A Letter on the Supply of Water to the Metropolis, by R. M. Kerrison, M.D.

NOTICES.

Communications have been received from "Sir Anthony Carlisle"—"Medicus"—"Alpha"—"A Surgical Pupil at St. George's Hospital," &c.

We have received "M. D.'s" Letter, and can assure him that we shall be at all times happy to hear from him; but, upon controversial points, we much prefer a name to mere initials—and we think, moreover, that "ne quid nimis" is not a bad motto.

The signature "G." to the Hospital Reports from St. Thomas's and Guy's, has been inadvertently omitted in the last two Numbers.

In reply to "Q." we have to observe, that the comparative infrequency of the operation for Cancerous Mammæ arises, in our opinion, from several combined circumstances:—1st. Other diseases formerly confounded with schirrus, are now distinguished from it; 2dly, we believe that strumous affections of these glands are better managed; and, 3dly, the operation is not now so indiscriminately recommended and performed as heretofore—being restricted to the earliest period in which the disease is recognized.

ERRATA.

In the last Number, page 184, line 12, and page 185, line 7, for "discussive," read "discursive."

Page 171, line 3, for "tracturam," read "tractuum."

Dr. Hawkins's Lectures were concluded in the last Number.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 34.]

SATURDAY, JULY 26, 1828.

[Vol. II.

ESSAYS ON SYPHILIS.

By JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 165.]

THE seventeenth century has to boast a list of writers on syphilis not much less numerous than the age which preceded it, but they will not detain us so long. The first thing that I shall observe in this portion of my history, is the decided improvement in the composition of the mercurial ointments, which, in the first instance, were composed of a farrago of useless ingredients: we now find, that not only these were expelled, but the strength of the preparation was materially augmented. In this century, some authors began to appreciate the virtues of sarsaparilla, chiefly in removing the consequences of the mercurial treatment—such as debility, pains in the joints, &c.; but there is very little novelty in this, and I shall therefore content myself with giving you the general practice of that time, as recorded by two of our own countrymen—Sydenham and Wiseman. According to the former of these authors, the practice of inunction, as employed in his day, was, indeed, a most formidable process. The ointment he used was composed of hog's-lard and mercury, in the proportion of two ounces of the former to one of the latter; and of this, one-third part was directed to be rubbed by the patient into his arms, thighs, and legs, for three successive nights, avoiding both the axillæ and penis. After the third unction, the gums generally swell; but if not, eight grains of turpeth mineral are

ordered to be given; the salivation is directed to be brought to a flow of about two quarts every twenty-four hours, and if it diminishes before the symptoms vanish, then a scruple of calomel is to be prescribed occasionally; and it appears that the patient, during the whole of the time, was kept in the same sheets and clothes, unless the salivation proceeded to such a height as to endanger his life. Sydenham remarks, that mercury alone cannot succeed in curing an exostosis; and, from what he says respecting regimen, it is evident that it was the usual custom to keep the patient in bed during the whole process, and to enforce the most rigid abstinence. It seems to have frequently been the fashion, at this period, to go to France, for the purpose of undergoing a cure; and this the doctor explains as attributable to the belief in the superiority of the climate.

Wiseman gives himself no trouble to inquire into the origin of the disease, but his Treatise is, nevertheless, well deserving of attention, on several accounts. He remarks that the pox is caught either mediately or immediately: by the former he means, where an infected child sucks a sound nurse, or *vice versâ*. He ridicules the common tales, as to the propagation of the disease by sleeping in the same bed, wearing the clothes, or drinking out of the same vessel with one so affected. Wiseman was, in fact, a practical man, with strong common sense, and great knowledge of the world; and, therefore, paid little attention to theories that flattered the self-love, or tended to save the reputation, of his superiors. He is the first author who observes, from his own experience, that it often happens some

men will be infected, whilst others shall escape with impunity, from the embraces of the same woman: of this he declares that he saw repeated instances whilst serving in the King of Spain's navy. "I have known," he says, "twenty men lie with one and the same woman, the same day, and only one of them affected, though the rest equally deserved it." He speaks of gonorrhœa as the first symptom, though not always so; and his enumeration of the symptoms does not differ from the generality of the writers of his age. Another peculiarity attending this disease is mentioned by Wiseman—the curious fact that many people are in the habit of fancying themselves infected, and the great difficulty that is often found in persuading them to the contrary. Of the cure of the venereal disease Wiseman entertains but little doubt, unless the patient has previously undergone mercurial inunction ineffectually; and if he has been salivated, appeared well for some time, and then relapsed, he has still a more unfavourable opinion of the case. He is particular in directing venesection, before the commencement of the mercurial treatment; and seems to believe that, by this means, assisted by purging, the remedy is more efficacious and better borne by the patient. After enumerating several internal forms of exhibiting mercury, the following description of his mode of procuring a salivation, which I have considerably abridged, presents itself to our notice:—The patient is to have his bed near a fire; the windows, if the weather be cold, must be covered with blankets; or a more proper place is a stove, if the patient can bear it. The ointment is to be rubbed in either by the surgeon or the invalid, beginning from the feet, and then proceeding up the legs, and thighs, and hips, to the spine of the back, even as high as the neck, including the hands, arms, and shoulders; the belly is to be avoided. As the parts are rubbed, they are to be covered up; the head is to be wrapped up with a napkin, tacked to the cap round about the ears, and fastened before, to keep the chaps warm. Afterwards, the patient is to be put into a warm bed, and have a posset drink; and this ceremony may be repeated twice a-day, unless salivation is brought on too quickly. Many directions are given for cleaning the mouth, and a rolled clout is to be

placed between the teeth, to prevent the chaps from closing. This precious process lasts from twenty to thirty days; after which, sweating is to be observed, of which three methods are detailed; and a whole chapter is devoted to the consideration of the specifics, together with formulæ for their preparation—of these, sarsaparilla, China root, guaiacum, and saponaria, are the chief.

The above specimens will, I conceive, be sufficient to give a general idea of the mode of treatment employed towards the close of the 17th century, and, therefore, it is easy to imagine the number of victims such practice must have produced, and we may well comprehend the honour with which the pox was regarded in those days, and why it was made use of as one of the bitterest imprecations, since it would appear to be almost impossible to escape either mutilation or death from the disease or the remedy. One conclusion may however be drawn from this account; it is quite evident that neither the sarsaparilla nor the guaiacum possessed the reputation formerly attached to them; that they had fallen to the rank of mere secondary agents, employed more for the purpose of palliating particular symptoms, or of restoring the tone and vigour of the constitution after the completion of the mercurial course, than as really endowed with any specific power over the disease itself; nevertheless, there were not wanting practitioners in those days, who entertained opinions relative to syphilis more in conformity with the views which have lately caused so much discussion in this country. Of these, David Abercrombie is the most remarkable: he published a short dissertation on syphilis in 1684, in which he condemns mercury entirely, and declares that the vegetable remedies are alone sufficient to effect the cure of nearly every form of the disease, though he admitted the necessity of *occasionally* employing mercurial pills; but later in life he seems to have changed, or at least modified, his opinions very much, and contents himself with recommending the substitution of the *mercurius dulcis* for the mercurial inunction, and restricts his censures of the mineral remedy to the condemnation of salivation in patients of certain habits and constitutions.

This milder method of administering mercury began in the early part of the

18th century to obtain many advocates and followers; a warm discussion took place between these practitioners and the favourers of the older doctrines. In 1732, we find a very hot controversy carried on between Daniel Turner and Chicoyneau, of Montpelier, on this point of practice; and it must be confessed that if our countryman has not the best of the argument, he exceeds him by far in violence of invective. Among the eminent men who contributed to moderate the severity with which it had been customary to administer mercury, the name of Boerhaave must not be forgotten; he stood forth as a warm champion of the decoctions of sarsaparilla and guaiacum, and was greatly influential in bringing the profession to a more just and temperate appreciation of the powers of mercury. It is well known with what zeal this subject was taken up by his commentator, Van Swieten, who having the control of the medical department of the army, at Vienna, sent a certain number of soldiers to the hospital of St. Mark, in order to ascertain the merits of the milder plan of treatment by the corrosive sublimate, and all of them so sent, with the exception of six, who were affected with incurable caries of the bones prior to their admission into the hospital, were discharged cured. To this successful experiment must be ascribed the prevalence of the same practice in most parts of Germany to this day. But opposed to the employment of mercury, we must not forget to mention the names of De Blegny, and more especially of the great Morgagni: the first of these writers was decidedly adverse to the use of mercury, and the latter makes use of the following remarkable expressions: "When I went to Bologna, as a young man, both the external and internal use of mercury was nearly deserted, and I never heard of its being used during the eight years I remained there, either one way or other, in the treatment of the venereal disease."

But notwithstanding these and other authorities, we have repeated proofs in the first half of this century that the state of practice in this disease was far from settled; that cases of the most severe suffering, rebellious to the usual methods of cure, were then so common, that new remedies were eagerly sought for and brought into notice, enjoying an ephemeral reputation only to give place to what was already established:

among these the volatile alkali was loudly extolled by M. Peyrehle, but it is not necessary for me to do more than mention the fact: this remedy soon sunk into oblivion: the same may be said of the mezereon root, the powers of which were indeed supposed to be restricted to the cure of nodes and osteo-pic pains, and which still holds a place as an ingredient in the compound decoction of sarsaparilla. This medicine again became the object of investigation and inquiry by Sir William Fordyce, who has given an account of his experiments in the Medical Observations and Enquiries; and the conclusions to which he arrives are so strong, and so much in unison with what we now hear, that I am tempted to quote them. He says, that this preparation of the sarsaparilla will commonly remove, in a very short space of time, venereal head-aches and nocturnal pains, and, if persisted in, will always effect a cure. In emaciated or consumptive habits (according to the same respectable authority), from a venereal cause, it is the greatest restorer of flesh, strength, and colour: when the throat, nose, palate, or the spongy bones in general, are affected with a slough or caries, it will commonly complete the cure, if persevered in long enough, provided a mercurial course (he means by inunction) has preceded the use of the sarsaparilla; and farther, he adds, it will, perhaps, always cure whatever resists the power of mercury; and it is therefore probable that we may find, in mercury and sarsaparilla combined, a certain cure for every case that can be properly called venereal.

We see here how very closely Sir William Fordyce advances to the very line of practice advocated and employed by many surgeons of the present day; but yet at that period his experiments made but little impression upon medical men in general, for we are told by Mr. Bromfield, almost at this very time, that he never saw a single instance in which the sarsaparilla cured the venereal disease without the assistance of mercury, either given with it, or taken previously; and Mr. Pearson remarks, that his own observations coincide entirely with those of his predecessor. Still, however, so many obstinate and difficult cases from time to time occurred, even in the practice of those who employed mercury in the most approved manner, that professional men did not abandon the search after some

remedy that might possess the same power over the disease, without bringing those evils in its train which mercury gave rise to. Among these, for they were very numerous, opium, cicuta, and the nitrous acid, may be especially named, since their pretensions were upheld by authors of great reputation, and extensive trials were made of their virtues, with at least partial, or temporary success. Thus, with regard to opium, it was tried very extensively in America, and had a warm advocate in Dr. Michaelis; but excepting that it was occasionally found to overcome nocturnal pains, and still more frequently to allay the irritation caused by a previously profuse exhibition of mercury, it seems to have had no real power over the disease. The same remarks apply to the effects of cicuta; but the nitrous acid has a stronger claim upon our attention. Its employment was much more general; the number of cures performed by it, or at least during its use, were so great, and its admirers were so enthusiastic in its praise, that it continued for many years to make a great impression on the public mind, and bade fair to supersede entirely the mercurial treatment: that it did not do so, we now can well understand, because we know that primary symptoms will get well either with or without any specific plan of treatment; but as sore throats and eruptions were too apt to succeed to these local cures, and as it was not imagined that simple means would also very frequently overcome these, we need not be surprised that the nitrous acid followed the fate of so many other remedies, and was at last neglected as a cure for syphilis, though it still maintains its reputation as a therapeutical agent in other diseases. One of the reasons that contributed to support the reputation of this remedy was the obvious effect it had in producing inflammation and swelling of the gums, and as mercury possessed a similar power, many theorists imagined that the medicinal effects of both remedies were the same, and hence arose the hypothesis that mercury owed its curative powers to the oxygen contained in the majority of its preparations.

It will be perceived from what has been said, that all the efforts made by surgeons at various periods to supersede the employment of mercury, were so far from succeeding, that at the close

of the 18th century, almost in our own days, its supremacy was thoroughly established, and in the most triumphant manner: it was generally believed that those unfortunate persons who failed to obtain a cure, or who had suffered the loss of the spongy bones of the palate and nose, or became affected with exostoses or caries of the larger bones, might ascribe their misfortunes to the use of too little, rather than to a superabundance of the remedy; and although other medicines were occasionally combined with the mercury, and sarsaparilla was frequently prescribed as a restorative to the constitution towards the termination of the cure, yet mercury was the *sine qua non*—it was given indiscriminately for every breach of surface on the genitals—scarcely could any cutaneous affection escape the suspicion of a syphilitic origin—nocturnal pains were generally condemned to inunction without mercy or discrimination—and the state of the venereal wards of our public hospitals will not easily be forgotten by those who are old enough to have witnessed the disgusting details they afforded—nay, I am sorry to observe, that this evil has scarcely been abolished entirely in our own days.

I have now brought down the history of syphilis to within thirty or forty years of the present time, and have omitted, I trust, no material facts connected with it: I might have added an account of the various forms of mercurial medicines invented and lauded by different practitioners, but the properties, and relative merits of these different preparations, will more properly belong to that portion of my work devoted to the treatment of the symptoms, and I shall therefore now beg leave to offer to your consideration a remark or two which appear to arise out of the statements I have made, since history would be little better than a mere record of dates, unless we endeavoured to draw from it some useful inferences. In the first place, then, we have seen that at a certain period of the 15th century, a new and terrible disease is announced, rebellious to all the therapeutical means employed in those days, attended by a train of symptoms loathsome in the highest degree, and spreading so universal an alarm, that the governments of several countries thought it necessary to provide an asylum for those affected with it, and to separate them from the

rest of the population: this has been offered as a proof of the superior malignancy of the disease when it first made its appearance, as well as of its possessing a contagious property, independent of the common means of communicating it by the commerce of the sexes: but surely this inference is drawn rather too hastily: that in the course of time the disease has become milder, there can be but little doubt; but the absurd regulations of a barbarous age, when the nature of the disease was so totally misunderstood, and the laws of epidemics were no less so, certainly afford but little solid ground for believing that this was a contagious disease, in the usual acceptation of that term; and in confirmation of this opinion, I may remark, that the seclusion of the venereal patient was abandoned in so short a space of time, as to demonstrate pretty clearly, that the opinions of medical men had changed, not that the disease had thus suddenly altered its character.

2dly, We have seen that mercury was very soon discovered to possess a peculiar power in arresting the progress of the disease, but, as might be expected, this novel remedy was employed without measure or moderation; and most probably, in many cases of an ambiguous nature, not really syphilitic; so that the fatal results of the treatment on one side, and the disease on the other, led to the temporary, but almost total abandonment of mercury as a remedy: here we cannot but be impressed with the very strong evidence given us by men of the first character, as to the curative powers, not of one vegetable remedy only, but of several in succession, and which at length almost entirely superseded the mercurial treatment. We may indeed readily conceive, that both the guaiacum and sarsaparilla derived much of their reputation from their employment in those cases where the constitution had been broken down by, or saturated with mercury; yet still we cannot doubt that the venereal disease must frequently have yielded to the use of those remedies, or how can we account for such men as Fracastorius, Fallopius, Fernelius, Palmarius, and a host of other authorities, giving it the preference in their practice? Still, however, mercury, though lowered in fortune, was not entirely abandoned; and some years later we find it again enjoying its pristine reputation, until it

received another rude shock from Boerhaave, after which it recovered its character, until it became at length thoroughly established in public opinion, and acknowledged by a consent, almost universal, to be the sole safe reliance of the practitioner in the cure of the disease. One thing, then, appears certain, that the natural history of syphilis was still utterly unknown, or rather, that it had never been enquired into at all. Numerous and learned indeed had been the disquisitions into the nature of the poison, and the seat of the infection; all the sects of medicine had in their turn applied the philosophical theories of the day to the explanation of the phenomena; but the safe, the only rational plan of enquiry, that by experiment and induction, had never been resorted to at all; it was reserved to a later period, and originated in our own country, the birth-place of that sound philosophy to which the present advanced state of all the arts and sciences is chiefly attributable. But before I enter upon this branch of my subject, there is one writer who more especially demands some notice; I mean Mr. John Hunter, who published a treatise on the venereal disease in the year 1786: this is a work on many accounts highly deserving of notice, and will, in its proper place, receive a due portion of our attention. At present I have to remark, that the labours of Mr. Hunter obviously led the way to much that has been more fully developed by others; his researches into the nature of the venereal poison, his original notice of certain affections, resembling syphilis, as well as numerous other novel and ingenious ideas scattered throughout his work, evince the original and comprehensive mind of that great man. It has often been lamented that Mr. Hunter undertook this enquiry without much previous knowledge of what had been written by his predecessors; but whilst I admit the fact, I beg leave to deny the conclusion drawn from it: I conceive, on the contrary, that by entering on his task totally unprejudiced, and drawing solely from the resources of his own mind, he has dispelled more errors, and did more towards elucidating this curious and long contested subject, than any man who went before him. If he did not pursue the enquiry to its fullest extent, he at least opened the path for future research; and the same stamp of originality is to be found in

this work as distinguish the rest of his labours: that it has many faults, some of them of a serious nature, I certainly must admit: want of perspicuity has been ascribed to it by Mr. Hunter's most enthusiastic admirers, and it will be my duty to point out to you, in the proper place, many contradictions, and even some practical directions, which are now justly exploded. There is, however, yet another writer whose labours demand a little of our notice, though, by a fatality which is often observed, and not to be accounted for, his work made but little impression on the public mind, and seems now to be almost forgotten: I allude to Dr. Clutterbuck's pamphlet, published in 1799, and entitled, *Remarks upon some of Mr. J. Hunter's opinions on the Venereal Disease*. The most remarkable passages of this work relate to the belief of the possibility of curing many forms of the venereal disease, not only without mercury, but without medicine of any kind; or in plain language, admitting that they might undergo a spontaneous cure. Thus you perceive how very nearly this gentleman advanced to the very conclusions which have since been the result of direct experiment; and that, in fact, as a late excellent writer has remarked, he may justly claim the merit of having distinctly pointed out to us that the mere circumstance of a disease giving way, and being cured without mercury, is no proof that the case is not venereal.

[To be continued.]

PATHOLOGICAL AND SURGICAL
OBSERVATIONS
RELATING TO
INJURIES OF THE BRAIN.

BY B. C. BRODIE, F.R.S.

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(Continued from page 205.)

Wounds of the Brain and its Membranes.

WOUNDS of the dura mater, greatly as they aggravate the ultimate danger of the case, do not in themselves add to the symptoms which immediately follow the accident. It is when the period of inflammation has arrived, and not until

then, that the marks of punctured or lacerated dura mater shew themselves.

The pia mater and tunica arachnoides are so thin and delicate in their structure, and so intimately connected with each other, and with the brain itself, that we cannot conceive them to be wounded without the brain being wounded also. It would be idle, therefore, to treat of these two classes of injury as being distinct from each other.

The researches of modern science have demonstrated that the brain is composed of various organs, intended to exercise very different functions: and the division of the substance of the brain made by the hand of the physiologist produces very different effects, accordingly as it detaches one or another of these organs from the rest of the nervous system. But those distinct results which are obtained with difficulty in experimental physiology, are not met with in cases of accidental wounds. The symptoms produced by the latter are always liable to be complicated with those of concussion, and in a great number of instances are also complicated with those of compression of the brain. Accidental wounds rarely affect the cerebellum and medulla oblongata, or even the more deep-seated and important parts of the cerebrum: and with respect to wounds of the cerebrum, such as are commonly met with, even without the complications produced by concussion, or depression of bone, or extravasated blood, we find their effects to be so different in different cases, that they do not admit of being reduced to any general rule; and no data, which we have hitherto obtained, will enable us to predict the exact consequences to be produced by a wound of a given extent, or occurring in a given situation.

In illustration of this observation I may refer to two cases, related, the one by Morgagni *, the other by Dr. Hennen †. In the first of these cases, a man received a punctured wound from a sharp instrument, which passed between the eye and the roof of the orbit, penetrating through the latter into the substance of the cerebrum to within a finger's breadth of the lateral ventricle. In the second case, the extremity of an iron ramrod entered the cranium immediately below the nasal process of the frontal bone, and penetrated one inch

* Letter 51. a. 57.

† Military Surgery, p. 286.

into the anterior lobe of one hemisphere of the cerebrum. In each of these cases the wound was of the same kind, and very nearly in the same situation: but in one of them it was considerably deeper than it was in the other. It might well be supposed that there would have been some correspondence in the effects produced:—but what were the actual results? In Dr. Hennen's case, where the injury was the slightest, the patient was instantaneously deprived of life; while, in Morgagni's case, where the injury was greatest, there were no symptoms whatever, and the patient was as if nothing unusual had occurred until the third day, when suppuration was established.

Of these two cases, however, it must be allowed that the latter is to be regarded as being more in accordance with the general rule than the former. The experience of every individual who has had the opportunity of seeing many cases of injury of the head, will afford examples of wounds penetrating into the substance of the brain, as well as of incised and lacerated wounds, in which the functions of the brain were not at all impaired, or only slightly impaired in the first instance. Even actual loss of the substance of the brain not unfrequently takes place without the occurrence of any urgent symptoms, and the patient may go on from day to day, with fresh portions of the brain oozing out of the aperture in the cranium, with his external senses perfect, his mental functions unimpaired, and free from paralytic affection.

It is not, however, to be supposed that there can be an extensive destruction of a part so important as the brain, without immediate death, or death in the course of a very few hours. In other cases in which the brain has been extensively lacerated, it has appeared to me that without the actual insensibility which follows concussion of the brain, there was a confusion of intellect beyond that which concussion usually produces. In many cases of wounded brain there are convulsive twitches of the muscles of the extremities. In a case in which there was fracture of the parietal bone, several splinters of bone having been driven into the substance of the cerebrum, on the splinters being removed, and when no evident cause of mischief remained except the wound which they had occasioned, the

pupil of the eye of the opposite side remained preternaturally dilated. This is what might have occurred in consequence of pressure on the brain. It corresponds also to what we observe in cases of pressure, that wounds of the brain sometimes occasion an unnatural slowness of the pulse. But the more urgent symptoms of pressure are wanting; and the peculiar danger of wounds of the brain arises, in the great majority of instances, not from the immediate effects of the injury, but from the extensive and intractable inflammation which takes place afterwards.

On some other Symptoms following Injuries of the Brain.

The symptoms of which I propose to give an account in the present section, also belong to the class of those which immediately follow an injury of the brain, that is, which shew themselves previous to the occurrence of inflammation. I have, however, thought it better to give them a separate consideration, because there may be some doubts as to the exact nature of the injury of which these symptoms are to be regarded as the indication, and because there are several points respecting them which require to be elucidated by further observations.

1. A middle-aged man received a blow on the head, and was brought to the hospital with symptoms which were supposed to arise from concussion of the brain. These symptoms subsided in the course of one or two hours, but he remained afterwards completely deaf. His relations declared that his hearing had been perfect up to the period of the accident. He left the hospital at the expiration of three weeks, without the smallest amendment.

A young woman received a blow on the head, by which she was stunned for a few minutes. After she recovered from the immediate effects of the accident, she found herself entirely deprived of the senses of smell and taste, and she was in this state when I saw her a month afterwards. The strongest and most pungent odours produced not the slightest sensation when applied to the nostrils; but they nevertheless increased the secretion of the lachrymal glands, or in common language made the eyes water, as under ordinary circumstances.

A middle-aged man slipped while

walking, and struck the back of his head against the road; he was stunned for five or six minutes, then recovered so as to walk home. He saw objects double during that evening, and it was observed that he was deaf in one ear. He was kept awake by violent headache during the night. On the following day he had recovered from the double vision, but the other symptoms continued, and in addition to them he discovered that he had entirely lost the sense of smell, and that there was also a partial loss of the sense of taste. He was bled several times, and kept on a low diet, and under this treatment the head-ache gradually subsided, and at the end of about four months he had recovered his sense of hearing. When he consulted me, between five and six months after the occurrence of the accident, he was in the following condition. His pulse was 72 in a minute. He complained of a sense of noise in the right side of the head, especially in the morning and evening, but not during the night. He was impatient and irritable, especially when troubled respecting matters of business. He had no proper sense of smell, common odours were not perceived at all; but he *felt* the pungency of smelling salts, and they made his eyes water. With his taste he could distinguish bitter, sweet, and sour, but he was unable to distinguish flavours accurately. For example, he could perceive the difference between the taste of hops and that of sugar, but not between that of fennel and parsley; and the flavour of game was the same to him as that of other meat. Bitters had become disagreeable to him, though they had not been so formerly.

The late Mr. Grover, of Hammer-smith, informed me of the case of a gentleman who had been under his care on account of an injury of his head, which entirely deprived him of the sense of smell. After some time, however, he began to recover of this symptom, and at the end of a year his smell was completely restored. I have already given an account of a case in which an injury of the head was followed by total blindness with permanent dilatation of the pupils, and this was found to have depended on a fracture and displacement of the bone in the basis of the cranium producing pressure on the optic nerves. But here there were

other symptoms manifestly depending on compression of the brain itself; whereas no such symptoms existed in the cases which I have just related. It is, indeed, difficult to conceive that pressure on the brain should exist in so great a degree as completely to destroy an entire class of sensations, and at the same time be so partial as not to affect any other function of the nervous system. On the other hand, it is also difficult to regard these as the effects of concussion of the brain; since it is one of the characteristics of concussion to produce no more than a diminution of sensibility, and that diminution, instead of continuing for months or years, is completely relieved in the course of a few days, and probably in a much shorter space of time. However produced, these are not the only examples which experience affords of partial nervous affections following an injury of the brain. Dr. Hennen gives the history of a patient who lost his sexual powers after a wound of the occiput. The same author observes, "The powers of speech are often lost while those of memory remain, and the sight is impaired while the hearing is perfect, and *vice versa*. I have met with numerous instances of this, and have had patients who told me that they could hear distinctly what I said, and distinguish my voice from that of others, and have repeated my words as a proof both of this fact, and of their retention of memory, while they could not distinguish my person or give utterance to their thoughts*.

2. In some cases after an injury of the brain we find the patient attacked by violent convulsions affecting the whole person, and entirely different from those slight involuntary twitches of the muscles which have been already noticed. These convulsions a good deal resemble those which constitute a fit of epilepsy, but are not, like the latter, uniformly followed by a state of profound sleep or stupor. They are more formidable in appearance than in reality, as it is not uncommon for the patient, after the convulsions have subsided, to recover without any unfavourable symptoms. A young man, a butcher, was standing under a beam of wood which supported a side of beef, when the beam gave way and fell. The side of beef

* Hennen's Military Surgery, p. 305.

came obliquely on his back, and the beam by which it was supported struck his head. He was not immediately stunned, but in about a minute he became insensible, and in ten minutes more he was seized with a fit, in which he was violently convulsed, so that four or five persons were required to hold him. He was bled, but without relief. The fit of convulsions lasted for nearly three hours, and then suddenly left him. He now complained of pain in the head, but was perfectly sensible. He recovered without any further symptoms, except that the pain in the head continued, and on this account he was bled twice or three times in the course of the ensuing week or ten days.

A gentleman, on the 8th of September, 1825, was thrown from his horse, and falling on the pavement received a blow on the arm which occasioned a fracture communicating with the elbow joint, and another blow which caused the scalp to be separated for a considerable extent from the anterior part of the head, and also occasioned a fracture of the frontal bone, but without depression. He was taken up in a state of insensibility. He was in this state a few minutes afterwards, when he was seized with violent convulsions, his limbs being moved in various directions, and with such force, that it was with much difficulty that several persons could hold him. The convulsions continued for about half an hour, when they subsided, leaving him in a state of stupor. Blood was now taken from his arm, after which he began to regain his sensibility. On the following day his sensibility was completely restored, and he recovered without any further unfavourable symptoms.

In these cases the convulsions took place within a short period after the occurrence of the accident; but there are others in which the patient is affected in the same manner, after the lapse of several days. Here the convulsions must often be combined with symptoms of inflammation, so that it may be difficult to determine whether they are to be regarded as connected with the original mischief produced by the injury, or as arising from the subsequent inflammation. The following case, however, seems to prove that in some instances at least the convulsions which occur even at this second period depend

on the former cause and not on the latter.

A lad, 14 years of age, received a blow on the head, and became instantly insensible. He did not utter an intelligible word, nor could he be prevailed on to show his tongue, nor to swallow either medicine or the liquid nourishment which was offered to him. However, he moaned when disturbed, the pupils of his eyes were sensible to the stimulus of light, and there was neither stertor nor paralysis. These symptoms slowly subsided, and no new symptoms, such as could be regarded as the result of inflammation, had shewn themselves, when at the expiration of five days after the accident he was seized with convulsions agitating his whole person. Blood was taken from him by cupping, but this afforded no relief, and in the course of the succeeding twenty-four hours he had as many as fourteen or fifteen attacks, each lasting from one to three minutes. On the following day, the state of the pulse not being such as to indicate the necessity of the further abstraction of blood, I determined to pursue an opposite plan of treatment. He was prevailed on to take beef-tea with toast; this was repeated at short intervals, and from the time of his beginning to take more nourishment the convulsions abated, and in the course of another day had wholly ceased. From this time his recovery proceeded uniformly and favourably.

In two of the cases which have been just related the other symptoms were such as might have arisen, and probably did arise, merely from concussion of the brain. This however does not prove the entire absence of extravasation, and there are some circumstances which may lead to the suspicion that something more than concussion is necessary to produce such attacks of convulsions as those which have been described, and which at any rate shew that they may arise from other causes.

First, I have observed in experiments on animals that a wound on the basis of the brain which causes extravasation of blood on the surface of that organ, generally produces convulsions previous to that state of stupor and paralysis which immediately precedes death.

Secondly, the ordinary symptoms of concussion occur, and indeed are more complete, immediately after the injury

is inflicted than at any subsequent period; whereas, according to my experience, convulsions never occur until after a certain lapse of time, when extravasation may have begun to take place.

Thirdly, the following case occurred in St. George's Hospital, under the care of Mr. Keate. A man was admitted who had fallen from the top of a coach, and had struck his head. He was stunned, and continued insensible after being brought to the hospital. At the end of two days, when he had begun to recover from this state of stupor, he was seized with violent convulsions, affecting not only the muscles of his limbs, but also those of his face. The first attack of convulsions continued about six minutes, but this was succeeded in the course of an hour and a quarter by four similar attacks, and in spite of a considerable quantity of blood being taken from the arm. At the end of this time Mr. Keate saw him, and made an incision through the scalp at that part which had received the violence of the injury. A fracture about an inch in length was discovered at the posterior part of the parietal bone, extending into the lambdoidal suture, with a slight depression. At this part Mr. Keate applied a saw, and removed the depressed portion of bone. A small coagulum of blood was found lying on the surface of the dura mater, and this having been exposed, there was no recurrence of the convulsions.

I have not observed convulsions to take place where there are symptoms indicating the existence of considerable pressure on the brain. The pressure in these cases does not destroy the functions of the brain; it seems to act merely as a cause of irritation, and the operation of it may be compared to that of an exostosis, or other tumor, in producing fits of epilepsy. The circumstance of convulsions taking place after the lapse of some days, when they did not take place in the first instance, may probably depend on the brain having been rendered more susceptible by the loss of blood, and other methods of depletion, to which it was necessary to have recourse for the relief of the more early symptoms.

3. Occasionally, after an injury of the head, we find the patient in a state of furious delirium, raving and unmanageable. A man who had received a blow

on the head was brought into St. George's Hospital in this condition, uttering loud exclamations, abusing and striking those who were near him, so that it was necessary for several persons to assist in holding him by force, as if he were a maniac, while blood was being taken from his arm. As the blood flowed the delirium left him. He remained with slight symptoms of concussion; and these also gradually subsided, leaving the patient in a state of health. Cases such as this might lead us to regard this state of furious delirium as the consequence of mere concussion of the brain; but the same observations may be made respecting these cases, as respecting those in which there are convulsions. The absence of the more urgent symptoms of pressure on the brain does not absolutely prove that no degree of pressure actually exists; and instances occur in which this state of the sensorium is manifestly combined with depression of bone or extravasated blood. For example:—A middle-aged man, who had received a blow on the head, was brought to St. George's Hospital an hour after the occurrence of the accident, in a state of raving delirium. There was a wound over the right eye-brow, and a fracture of the frontal bone, extending obliquely upwards, with a considerable depression. The depression, however, was not elevated, as the delirium subsided on blood being taken from the arm. After this the man fell into a state of insensibility, from which, however, he could be roused, and then he complained of head-ache. On the following day he was more sensible, and from this period he recovered without any bad symptoms; but it was observed that the pupil of the right eye remained preternaturally dilated, and that it contracted very feebly on exposure to light.

A middle-aged man fell from a cart, and struck his head against the wheel. In about half an hour he was brought to St. George's Hospital: he was sensible, and complained of pain in the head, but more of pain in one arm, which was discovered to have been fractured. At this time he had no other symptom except that the right pupil was more dilated than the left. There was a wound of the scalp, and a fracture, with a slight depression, of the anterior and inferior part of the left

parietal bone. He was put to bed, and while his head was being shaved he became delirious, furious, and unmanageable, so that it was necessary to restrain him by main force. On being bled, he became faint, tranquil, but not perfectly sensible. In half an hour the faintness had subsided, and he relapsed into his former state of raving delirium. He was again bled, and became more tranquil, but still not perfectly sensible. In the evening, twelve hours after his admission, as he continued insensible, Mr. Gunning applied the trephine in the situation of the fracture, and removed a portion of the bone. The man appeared to be relieved, and spoke rationally after the operation. On the following day he was quiet, and sensible when roused; but not so to ordinary impressions. Early on the next morning he fell into a state of stupor, with stertorous breathing, a slow pulse, and cold extremities, and soon afterwards expired. On dissection there was discovered a disjunction of the coronal suture, in some degree separating the parietal and frontal bones from each other. From a drachm to a drachm and a half of blood was extravasated between the dura mater and the right side of the frontal bone, and the right parietal bone. There was also in some parts a slight degree of extravasation in the cells between the tunica arachnoides and pia mater. A small quantity of pus was found both between the dura mater and the bone, and between the tunica arachnoides and pia mater.

In another case, where the patient was admitted into the hospital with the same symptoms of furious delirium, after the delirium had subsided he fell into a state of perfect stupor, from which he could not be roused until 20 ounces of blood had been taken from the arm; and when the immediate effects of the blood-letting had subsided, he again relapsed into the same state of stupor. The pupil of one eye was observed to be preternaturally dilated, contracting in some degree, but imperfectly, on exposure to light. This patient ultimately recovered, and of course it was not possible to be made acquainted with the exact nature of the injury which he had sustained; but I was led to regard the state of complete insensibility in which he for some time lay, joined with the dilatation of one pupil, as a sufficient indication of the

existence of pressure on the brain to a greater or less extent.

From the evidence here adduced, there seems reason to believe that furious delirium and convulsions occur after an injury of the head under nearly parallel circumstances. The former symptom, like the latter, may be produced by pressure on the brain; not, however, by such a degree of pressure as threatens completely to annihilate the function of that organ, but by that smaller degree of pressure which operates merely as a source of irritation. It must be admitted, however, that the subject is not exhausted, and that further observations are required for its complete elucidation.

[To be continued.]

ON CONTRACTIONS AFTER BURNS.

Abstract of a Clinical Lecture,

By H. EARLE, F.R.S.

(Concluded from page 177.)

THE occurrence of contractions after large ulcerations, where the subcutaneous tissue has been extensively destroyed, is so frequent a subject of regret among surgeons, and so constant a source of blame among the parents and friends of the unfortunate sufferers, that I trust no apology is necessary in offering the following observations on the case which was operated on last Saturday, although it did not occur in my own practice.

As the operation which was then performed by Mr. Lloyd was first introduced into practice by myself, I may be allowed to offer some comments on the principle on which it is grounded, and the views I entertained in recommending its adoption. I have said, that these contractions are a source of blame to surgeons. In many instances such reproaches are merited, as much may, and ought to be done, to prevent them, by proper and strict attention to position during the progress of the healing process; and many limbs are suffered to continue in a bent position, by which the sides of the wound are approximated, and a smaller surface is left for cicatrization, even when such wounds are in the immediate vicinity of a joint. By such practice the perma-

nent benefit is often sacrificed to remove a temporary evil: the wounds may be sooner healed over, but the limb may for ever after remain contracted and useless. In many instances not only will most serious injury infallibly accrue from such practice, but even the temporary advantage supposed to be gained will prove entirely fallacious; for every attempt to extend a limb which has been thus treated, will crack the cicatrix, and cause it to ulcerate on its surface, even for many months after the apparent healing of the wound. If, therefore, any argument were requisite in addition to that of preventing deformity and lameness, to induce you to bestow great attention to position during, and long subsequent to cicatrization, in all instances where the wounds are in the neighbourhood of joints, I am fully convinced, from extensive experience, that you will thereby gain much time in effecting a permanent and perfect cure. Frequently, however, such contractions do not depend on any inattention on the part of the surgeon, but are the result of a natural process which follows cicatrization, and which has often baffled all the efforts of art to control. This process consists in an absorption of the granulations on which the new skin has been formed, by which the cicatrix is made to occupy a much smaller extent than the originally ulcerated surface. Perhaps it would be speaking more correctly to say, that the granulations, which are at first florid and extremely vascular, after having deposited the new skin, receive a smaller proportion of blood, become paler, and diminished in bulk, and consequently occupy much less surface for the new skin. In many cases, such as amputation, where sufficient integuments have not been saved to cover the bones, this process is very salutary, as it is essential to have the smallest possible extent of new skin on a surface which is to be subject to much pressure; but when it occurs in the neighbourhood of the neck, or in the flexure of joints, it often causes the most distressing contractions and deformities. The force with which this gradual process acts is truly astonishing—"gutta cavat rupem non vi sed sæpe cadendo"—as the repeated drop of water will in time undermine the firmest rock, so will this slow but powerful process effect the most extraordinary changes in the form.

I have known it draw down the chin upon the stomach, and approximate the shoulder so much, as to cause a partial absorption of the clavicles, and completely to alter the dimensions of the thorax. To superficial observers, unacquainted with the nature and extent of the mischief, it would appear that the whole evil depended on the contracted integuments, by a simple division of which the limb would be instantly set at liberty. So deceptive is this appearance, that I have more than once known surgeons indulge this vain hope of affording relief, until a painful and ineffectual operation has convinced them of their error.

In recent cases occurring in any of the extremities, the contraction may be confined to the integuments, by dividing which the deformity may be for a time removed; but the same cause continuing to operate, will produce the same effect, and the cicatrix will again contract after the wound is suffered to heal up. When the contraction has been of longer duration, the muscles acquire a new sphere of action, and afford an additional and powerful opposition to the free exercise of the limb. Lastly, when it occurs about the thumb, even the bony fibre becomes moulded and adapted to particular forms, by the powerful constriction exerted on it by this gradual but certain process. In such cases, it is hardly necessary to add, that the most severe operations cannot afford a prospect of even temporary alleviation. From having witnessed several such operations, and the repeated and ineffectual transverse divisions of such contracting bands, I was induced to adopt a different mode of proceeding in a case which fell under my care at the Foundling, in the year 1813. Being well aware of the inefficacy of a mere transverse incision, I proposed to remove the whole cicatrix, and to endeavour to approximate the healthy integuments from the two sides of the arm, which was to be kept extended on a splint, not only during the healing of the wound, but for a considerable time after the cicatrix had formed—until, indeed, all those changes which I have just described had been fully accomplished. By such practice, I conceived that the contraction which I knew must follow so extensive a wound, would take place in a lateral direction, and not in the long axis of the limb. In a word, I hoped to

be able to *direct* and *modify* that which it was not in my power to prevent, and thus, at all events, counteract its injurious effect. This is the principle of the operation performed on Saturday last, and is the one which I most strenuously wish to inculcate in the treatment of burns and large wounds in the flexure of joints and their neighbourhood—as the same plan of treatment, judiciously persevered in, will effectually prevent that which can only be subsequently relieved by a severe operation. In the case of Wm. Rule (the foundling already alluded to), the success attending this practice exceeded my most sanguine expectations. To this day his arm continues perfectly straight. I have since that repeated the operation many times, and, in a large majority of cases, with success. Mr. Brodie, Mr. Hodgson, Mr. James, Mr. King, and many others, have adopted the same mode of proceeding, and have applied it to cases of contraction of the neck, with more or less benefit. The operation has occasionally failed, but I believe most frequently for want of sufficient perseverance in maintaining the extension of the limb for a sufficiently long time after the healing. This should be persevered in for many months, until all the changes have taken place in the cicatrix, in the lateral instead of the longitudinal direction.

You must not expect in these cases, particularly when they have existed for a considerable time, to be able at once to straighten the limbs: this must be effected by a gradual process. In several instances I have not been able to effect more at the time of the operation than Mr. L. accomplished last Saturday; yet, by perseverance, I have perfectly restored such limbs.

[Here Mr. Earle mentioned some other cases, and particularly one of sixteen years standing, which was perfectly restored.]

One observation more before we part: there is something very peculiar in the degree of scirrhus hardness which takes place in a cicatrix after a burn, which I do not pretend to understand or explain, unless it depends on the extensive destruction of the subcutaneous cellular tissue, which so often takes place. This will at times amount to a morbid increased growth, to a considerable extent, which will have, when cut into, all the characters of true

scirrhus. Such a case occurred to me last year, in the person of a young woman, of whose neck I now present a drawing. In her case I operated, and removed one of the pendulous portions, and brought the integuments accurately together. Erysipelas supervened, and prevented the healing by adhesion: the surface granulated, and after it had healed, the same diseased growth returned, nearly to the same extent. This is the only instance of the kind which I have met with, and appeared to depend on some peculiarity in the individual, as the whole original cicatrix was removed.

Since the above Clinical remarks were delivered, Mr. Earle has operated on two additional cases, which are now under treatment in St. Bartholomew's. In one the chin was so much drawn down upon the sternum, as to prevent the closing of the lips. After the operation the child was able to close its mouth, and raise the chin to its natural elevation. The surface of the wound is granulating, and the child is directed to wear a stiff collar, which presses on the clavicles below, and under the chin above.

The other case was operated on yesterday (Saturday, July 12). A child about 10 years old had the right arm contracted to a right angle, in consequence of a burn on the outer side of the arm, fore-arm, and in the flexure of the joint. The case had been treated at the Westminster Hospital, and no attempt had been made to keep the limb extended during, nor after cicatrization. Mr. E. detached the horny cicatrix, and dissected it from below upwards: in doing this he exposed two considerable cutaneous veins, and divided one branch, which bled freely. In this case, the contraction being more recent, the arm was nearly straightened immediately after the operation. Mr. E. remarked that he had never operated on a case in which the contraction yielded so readily, and to so great an extent.

The case on which Mr. Lloyd operated, and which called for the preceding Clinical remarks, has gone on most prosperously. Although the relief was not great at the time of the operation, in consequence of the extent and duration of the cicatrix, we are happy

to say, the arm, with the assistance of a simple mechanical contrivance, has been gradually extended, and is at the present time nearly straight.

EXPERIMENTS

SERVING

To determine the Question whether, in Cases of Poisoning, it is possible to discover the Nature of the Poisonous Substance, even a long time after Death.

BY MM. ORFILA & LESEUR.

THESE experiments, which appear to have had for their foundation judicial questions proposed in certain obscure cases of poisoning, have been conducted with equal patience, perseverance, and ability. The distinguished authors were aware that their difficulties would increase the farther putrefaction was advanced; and also that it would be much more easy to detect mineral than vegetable poisons, since these last lose their chemical properties by decomposition. Nevertheless, they have arrived at this remarkable conclusion—that if animal matters, mixed with a mineral poison, are immersed in a liquid, it is impossible, after a certain time, to recognize the poison in the liquid—but that it is decomposed, combined with the animal matter, or precipitated in the form of a powder, or magma; whilst vegetable poisons are always discovered in the liquid, and are only decomposed in part. MM. Orfila and Leseur instituted two sets of experiments:—1. Mineral and vegetable poisons, in large and small doses, dissolved in about a pint of water, were mixed with animal matter, and exposed, in vessels with large mouths, to the open air, for ten, fifteen, and eighteen months;—the water was renewed in proportion as it evaporated. 2 The same poisons, mixed with alimentary matter, such as albumen, meat, gelatine, &c. were enclosed in stomachs and intestines, which were placed in deal boxes, and buried in the earth to the depth of two feet and a half. After the lapse of several months, these boxes were opened, and their contents analyzed. On the other hand, in order to ascertain up to what period after death vestiges of the intestinal canal could be traced, dead human bodies were buried in deal coffins to the depth of four feet

and a half, and disinterred one month, six months, ten, or even seventeen months afterwards. From these experiments, which are not yet concluded, it appears that even some years after death, and when no other remaining soft part is cognizable, that, on the sides of the vertebral column and in the abdomen, there is to be found a kind of brownish paste, or grease, which is evidently the remains of the digestive canal, and in which part the poisonous substance may be found, either altered or in its natural state. The results of the experiments are as follow:—

Sulphuric Acid, 1st concentrated.—It is possible to distinguish its presence many months, or even years, after its mixture with animal matter. 2dly, *Very weak*, and mixed with substances which, during putrefaction, having given out a good deal of ammonia, it is saturated by this alkali, so as to leave little or no free acid at the end of a few months. In this case, the probability of poisoning is very weak; but if a certain quantity of free acid remained, its existence would be proved with certainty by treating the liquid with pure sub-carbonate of lime.

Nitric Acid, 1st concentrated.—This is cognizable several months after its mixture with animal matter, and whilst putrefaction is at its height. To succeed, recourse must be had rather to potash than to metallic copper. 2dly, *Weakened* with water, and used in small quantity, being actively saturated by ammonia resulting from the decomposition of bodies, the existence only of nitrate of ammonia can be proved; which, as it may result from putrefaction alone, does not necessarily imply poisoning.

Arsenious Acid.—It is possible to detect the presence of this acid even after the lapse of some years: nevertheless, to succeed in this, it must be freed from the greater part of the animal matters with which it is mixed, by evaporating to dryness the liquor containing it, and by shaking, for several minutes, in boiling distilled water, the product of the evaporation. If the arsenious acid has been employed in the solid form, it is not impossible, even a long time after interment, to discover here and there small grains, which, being detached by the help of a penknife, will present all the characters of this poison. Finally, as, in process of time,

it becomes changed into arsenite of ammonia, it may happen that, after the lapse of some years, it may not be possible to discover it, because this arsenite being *much more soluble* than the arsenious acid alone, may have passed through the holes of the coffin, or filtered through the wood. Employed in a large quantity, this acid arrests the process of animal putrefaction.

Corrosive Sublimate.—This poison, dissolved in water, is very easily decomposed by animal matter; so that it is not possible, after some days, to demonstrate its presence in the liquid, otherwise than by means of a plate of gold, and one of tin, assisted by the action of the hydrochloric acid. The more animal matter employed, the more sublimate will be decomposed. It does not appear, however, that they can decompose the whole of the sublimate; since, by the assistance of the plate of gold, it has been possible, at the end of *many hours*, to produce *an atom* of metallic mercury from a solution of six grains of sublimate mixed with a *great quantity* of animal matter. In every case, by treating these matters, which having decomposed the sublimate, with heat and with potash, it is possible to produce metallic mercury, even several years after the sublimate has acted upon them: therefore, if the presence of this metal does not prove the existence of sublimate, it proves, at least, the presence of some mercurial preparation.

Tartar Emetic.—This, mixed with animal matter, is decomposed in a few days; so that the tartaric acid is destroyed, and the oxyde of antimony precipitated. It is, then, impossible to detect it by the reagents usually employed; but metallic antimony may be obtained from the animal matter, even after the lapse of some months. The above alteration is rather the action of water and air upon the salts, than of the animal matters; for experiment proves that a solution of three grains of tartar emetic in one pint and a half of distilled water, exposed to the air, undergoes the same decomposition; and that it is no more possible to recognize the presence of this salt at the end of thirty or forty days, than if gelatine or albumen had been added to it.

Acetate of Lead.—Experiment proves that it is not in the liquid in which it has been dissolved that this salt is to be

found, if it has been in contact with animal matter; for it needs only the lapse of a short time, and not a single atom remains in the solution: but a certain quantity of metallic lead may be obtained by drying the blackish-grey precipitate and the animal matter, and calcining them in a strong heat.

Proto-hydro Chlorate of Tin.—Very little time elapses before the animal matter decomposes a watery solution of this substance. It is obtained by drying separately the intestines, and a greyish flocculent matter, which is precipitated. By calcination, the metallic tin is produced.

Sulphate of Copper.—By mixture with animal matters, the deuto-sulphate of copper in solution is decomposed so entirely, that, after a certain time, not any remains in the liquor. Nevertheless, this decomposition is not so rapid that a portion of the salt may not be found in solution after the lapse of a few months, if the operation has been performed with a few drachms of the deuto-sulphate: but in every case where the salt of copper cannot be found in the liquid, take the solid matters and heat them with charcoal to obtain the metal, whilst another portion of the charcoal should be heated with nitric acid, to obtain the nitrate of copper.

Verdigris.—By remaining in contact with animal matter in the earth, it decomposes itself, and the deuto-oxyde of copper forms, with the fat of the dead body, a sort of soapy matter, insoluble in water. In a case of poisoning by this substance, it would be possible to demonstrate the presence of deuto-oxyde of copper by means of hydrochloric acid and calcination, many months, or even many years, after interment.

Nitrate of Silver.—This substance, when dissolved, is rapidly and completely decomposed by animal matters; so that it would be necessary to endeavour to reproduce the metal from the solid substance, if called upon to pronounce upon a case of poisoning by this metal. By drying and calcining separately the intestines and a brownish flocculent precipitate which was formed in the experiment, metallic silver was produced.

Hydrochlorate of Gold.—The same result as in the preceding case.

Acetate of Morphia.—1. In a case of judicial disinterment, it is possible to detect the presence of this salt seve-

ral months after death, or of morphia simply. 2. In order to do this, not only must the liquids be acted upon, but the suspected solid contents; because, if the poisoning had been accomplished by a watery solution of the acetate of morphia, this might have been decomposed, and the morphia partly precipitated. 3. Less morphia would, in truth, be precipitated than might be supposed; because, part that had been decomposed would be redissolved by the ammonia formed during putrefaction. It is already known that in precipitating morphia in a weak solution of the acetate, by means of ammonia, it is sufficient to agitate the precipitate for a few moments, and, in a mixture of water and ammonia, to redissolve it. 4. To obtain the morphia existing in the solid parts, these parts must be treated several times with alcohol; then, evaporating the solutions, treat the product with water mixed with acetic acid;—without this precaution, it would be difficult to separate the morphia from the fat of the dead body, which is formed abundantly when the body is in the earth. If, by chance, the liquid should be coloured, the colour may be removed by heating it with animal carbon purified, or by filtering it several times through that substance, without having recourse to the subacetate of lead, or hydro-sulphuric acid, which, to say the least, is useless. 5. It is easy to see, in comparing the action of nitric acid, and of the trito-hydro chlorate of iron, upon the substances that have been the subject of experiment, that the nitric acid has constantly reddened them, even when slightly coloured, whilst the salt of iron has only given them a blue tint when they were before perfectly colourless; and in some cases it has produced a reddish colour, although the matters were colourless. 6. It would be rash to pronounce *affirmatively*, in a judicial inquiry, that poisoning, by a preparation of morphia, had taken place, only because the blue and red colours had been observed: these would form merely a slight presumption. 7. This would not be the case if chrystallized morphia could be obtained (as in the experiments) insoluble in water and ether, soluble in alcohol and in nitric acid, fusible in a gentle heat, and possessing, in short, all the known characters of that substance;

then it might be affirmed that the matter so treated was morphia.

Hydro-Chlorate of Brucine.—It is possible to prove the existence of this salt and of brucine in the digestive canal many months after death; but, as in the former case, mere colour cannot be relied upon, but the substance itself must be produced.

Acetate of Strychine.—Detected many months after death, when mixed with animal matter, even though the mixture has been exposed to the air.

Hydrocyanic Acid.—From the experiments of M. Lassaigue, it is proved not to be possible to demonstrate, by chemical means, small quantities of this acid three days after death. The disappearance of the poison depends upon its decomposition.

Opium.—1. The morphia existing in opium is not changed by its contact with animal matter, any more than the acetate or any other salt containing it. 2. It is much more difficult to prove the existence of opium when introduced into the stomach of a dead body, than merely a salt of morphia. 3. In any case, it is not possible to pronounce *affirmatively*, upon a case of poisoning by opium, but by recognizing all its chemical and physical properties. This is not impossible to be done several days after death; but it may not be so easy to prove that the poisoning has taken place by mere opium, by morphia, or by one of its salts.

Cantharides.—An intestine containing a drachm of cantharides, powdered and mixed with meat and the white of an egg, were disinterred at the end of nine months: the matter contained in it was converted into the fat of dead bodies, and here and there was seen, by the naked eye, a multitude of shining points, of a beautiful green, formed by the powder. By treating the mass with boiling water, the fat was melted, and came to the surface in the form of a layer of oil, whilst the bright particles fell to the bottom;—these possessed all the qualities of cantharides.

The Memoir is terminated by a question proposed by the authors themselves—viz. whether the same results would ensue in the dead body if poisoned during life? They answer, yes; if, at the moment of death, there remained a quantity of the poisonous substance in the intestinal canal, ap-

preciable by chemical means. The chief point is to know whether *this quantity*, which the experimenter could discover twenty-four hours after death, could be detected ten, fifteen, or twenty months after interment; and they regard this possibility as placed beyond a doubt, by their experiments.

DEGREE OF HEAT IN WHICH
LEECHES WILL CONTINUE TO
LIVE.

*To the Editor of the London Medical
Gazette.*

Langham Place, July 14, 1828.

SIR,

As it may not be generally known in the medical profession, that leeches can live in a temperature above that which is common to the human body, I beg leave to mention that I lately had occasion to direct the application of sixteen leeches to the surface of the abdomen; and at the same time one of the modern portable baths was preparing in the patient's chamber.

The bath being ready, and heated to $102\frac{1}{2}$ degrees of Fahrenheit's scale, it was deemed inexpedient to wait for the falling off of the leeches; and the patient, together with the adhering leeches, was placed in the bath; when, contrary to expectation, the creatures continued to suck, apparently undisturbed by the heat, and the greater number of them so remained during twenty minutes, when the temperature of the bath was still above 100 degrees.

The detached leeches moved with so much agility in the heated water, that it was difficult to catch them, and the whole number eventually recovered.

On stating this occurrence to a party of my colleagues, one gentleman related an instance of his having caused two living leeches to be swallowed by a dog, which was killed twenty-four hours afterwards, and the distinct mark of a leech wound, the attachment of its sucker, and an extravasated effusion around the spot, still remained within the stomach of the dog, where one dead leech was found, and the other in the upper intestine. These facts may serve to caution practitioners against allowing leeches to pass into the tubercular cavities of the human body, under a

false notion that the presumed temperature of 100 degrees will speedily kill them.

Sir,
Your obedient Servant,
ANTHONY CARLISLE.

MIDWIFERY.

*To the Editor of the London Medical
Gazette.*

"Fiat justitia, ruat cælum."

SIR,

THE spirit of the above motto having been adopted in the fidelity of your columns, induces me to suppose that you may be inclined to devote so much of your valuable space as will give insertion to the observations which I have to offer on a subject of no mean consideration, having for my object the correction of error, and the impartial distribution of justice.

In a contemporary weekly journal, No. 227, and page 517, in a lecture on midwifery, we are told by the lecturer, speaking of the spontaneous evolution of the foetus, "under this evolutionary descent of the nates, Denman supposed that the arm ascended; but Gooch, a practitioner full of talent, has shewn that in some cases at least the arm scarcely rises at all in the uterus;" and again, "I am persuaded," continues the lecturer, "that in most, if not in all cases, as Gooch has suggested, the arm remains at the same, or nearly the same elevation."

Now, Sir, here is a flagrant attempt to wrest from one professional man the merit of an important discovery, in order to transfer it to another, the only admissible excuse for which would be, ignorance of the real state of the case on the part of the lecturer, an extenuation of error to which the gentleman in question may lay claim, if he please.

Had he read Gooch's paper on the subject, in the 6th Vol. of the Trans. Coll. Physicians, he must have known that Gooch did not only not assume to himself the merit of the discovery, but distinctly states, that he wished to ascertain whether the opinion of Dr. Douglas, of Dublin, were correct or otherwise; and then declares his con-

viction, that the theory proposed by Dr. Douglas is the true one: this paper of Gooch's was published in 1820, nine years after the publication of Dr. Douglas's pamphlet on the subject.

On reading this unworthy attempt, I confess I felt no small surprise, which however was very soon exchanged for a feeling of a different kind, when a few lines farther on, I find the lecturer informing his class, that "*Denman advised, that in arm presentations, we should always confide the delivery to the natural efforts, abstaining from the introduction of the hand into the uterus.*"

Now, Sir, if you will take the 5th Edit. of Denman, published in 1816, which is the only one by me at this moment, and turn to page 476, you will find the opinion of this truly admirable writer expressed in these words: "In the second order of preternatural labours the presentation of the shoulder, or one or both arms, may be included, and whichever of these is the presenting part, *there is a necessity of turning the child*, and delivering by the feet, for the interest both of the mother and child." And in page 491, when speaking of the spontaneous evolution, his words are, "yet the knowledge of this fact, however unquestionably proved, *does not free us from the necessity and propriety of turning children presenting with the superior extremities* in every case in which that operation can be performed with safety to the mother, or give us a better chance of saving the child."

Sir, I abstain from further comment; let the lecturer excuse to the public, and to his class in particular, this glaring misrepresentation of opinions, to which all are taught to look up, if not with implicit credence, at least with respect and deference.

ALPHA.

SKETCHES OF THE SCHOOL OF PHYSIC IN IRELAND.

No. II.—BOTANY, AND DR. ALLMAN.

It is quite refreshing, at this particular season of the year, to treat of a botanical subject; and the votaries of Flora will not be indignant with me, if I freely offer a few remarks on their favourite study. Botany is in a declining state;

I fear it never raised its head since the unlucky conflict which it hazarded with the University of Cambridge ten years ago. In the wantonness of pride and popularity, it reared its crest against that venerable establishment, with the ambitious design of seizing a professor's chair, no less, for the late Linnæan president. The violence was retorted; the Greek professor was in arms, and with the valour of a true Greek, he succeeded in reducing his adversaries to subjection, and brought their principal champion to the ground. Since that time they have lost Sir Joseph Banks—their "hold and hope;" and Sir J. E. Smith is also gone. Peace to their ashes! Botany has indeed been growing up of late; but it is with a sickly, wild luxuriance—the common precursor of premature decay; and the time is not very far distant when it will have completely dropped off, as a useless branch of medical education. How it could have so long contrived to occupy a place, and a prominent place too, among those branches of knowledge deemed indispensable to the physician, can only be explained by the fortuitous arrangement of circumstances.

I have been long at a loss to conceive upon what grounds the votaries of botany can pretend to claim for it so high a rank; more than once they have attempted to give it the precedence of the *intellectual* sciences. There is certainly no sort of knowledge, however humble, that does not possess some little share of intrinsic importance; and it is in this respect only that botany can be deemed worthy of a certain degree of consideration. But how far, it may be asked, are the powers of the intellect to be called into action in the pursuit and study of it? And should not the comparative excellence of the different branches of knowledge be estimated as well by their direct utility as by the scope which they afford for the display of the mental faculties? Nobody will pretend to say that botany requires as much exertion of talent as any one branch of natural philosophy, or the obtruse investigation of analytical or geometrical truths. To be a first-rate botanist, a very moderate portion of intellect is required—less by far than would serve to render the same man a good scholar, or a clever mathematician. And accordingly, we find this to be the general impression on the public mind;

he who is pre-eminently distinguished in the intellectual sciences always takes precedence of him who is only great in the physical, even though the latter could run through the whole nomenclature of Tournefort or Linnæus. It is not a little ridiculous to attempt to exalt botany on the score of *utility*, because it affords the mind exercise in systematic classification, and contributes to the attainment of mental precision, (how much better might the mind be employed with this view in the exact sciences?) or because it illustrates some few doubtful passages in authors sacred and profane. That it is of the least possible use to the physician in the practice of his profession, I am strongly inclined to deny. No doubt, the extensive knowledge requisite for completing the education of the accomplished physician should embrace this branch of natural history also, but for the purposes of the healing art, botany is positively worse than useless. We have our Pharmacopœias encumbered with vegetable remedies to an absurd degree, notwithstanding the pains which are occasionally taken to weed them out. Concerning the medicinal efficacy of plants, botany teaches us nothing; their use is generally ascertained by the practical experience of empiricism, and this being done, the science kindly interferes, and adopts the new remedies, pompously setting forth their classes and orders.

Again, it may be observed that most other *sciences* tend to develop the faculties, imparting a comprehensive and expanding influence; but botany, numerous instances show, has a tendency quite of an opposite character. By fixing the attention upon minute objects and considerations*, it contracts the intellectual as well as moral qualities. Linnæus himself was one of the most vain and egotistical of men; and, may it be permitted to add, that the late respected Sir J. E. Smith was not a little gifted with the same amiable peculiarities. This, indeed, may in some measure naturally be expected, when a man has exclusively devoted himself for a considerable period to *one* pursuit; he generally over-rates his exertions, and scruples not to depreciate the merits

of those whose researches have been directed to objects of a different kind. Further, it may be stated as an authenticated fact, that few great men have been distinguished as botanists merely; those who have ever obtained a character in this way, were such as would have been as great in the path of celestial mechanics, had they turned their attention to that study. We cannot forget the multifarious talents and pursuits of Linnæus and of Haller. Haller, like Rousseau, studied botany merely as a recreation; and, indeed, Rousseau himself was as much an enthusiast upon this as upon many other subjects equally useless. Some of its admirers, I may add, advocate the study of botany as an *innocent* pursuit or pastime: on this delicate topic I should merely suggest the inquiry which the author of the "Pursuits of Literature" many years ago proposed—"how young ladies are instructed in the meaning of the terms of botany, for they are very *significant*." The phanerogamous, cryptogamous, and agamous classes of plants, must be pleasant objects for their consideration; but what are these to the barbarous phraseology with which we have long since been forced to become familiar—the *strelitzias*, *swietenias*, *hebenstretias*, *kiggelarias*, with the whole tribe of *andrias* and *gynias*? As Milton said of the hard Scotch family titles, Gordon, Colkitto, and Galespie —

"These rugged names to our like mouths grow
sleek,
That would have made Quintilian stare and gasp."

It has been well observed, and must, even by the botanists themselves, be admitted to be the truth, that "the chief business of botany is the naming of its tools;" and this is what they dignify with the title of a science! One other little fact should not be omitted, as it tends to elucidate the causes which procured for botany, during the last half century, so strong a footing in the British islands: it is the circumstance of the President's chair, in the Royal Society, having been filled for upwards of 40 years by a botanist—Sir Joseph Banks—a man thoroughly penetrated with a pure love for the *science of botany*.

I am aware that in offering these remarks I come across many prejudices and prepossessions, and that they must prove rather unpalatable to many read-

* A familiar instance of this minute attention to minutiae just occurs to me. The *carduus* and the *cnicus* are quite different species—they are distinguished from each other in this way:—"The pappus of the *carduus* is single, that of the *cnicus* is cloven." If this be not hair-splitting! —.

ers; but I trust to their truth and strength for my apology.

“ Se la voce sarà molesta
Nel primo gusto, vital nutrimento
Lascera, poi quando sarà digesta.”

But truly I was forgetting Dr. Allman all this while: I had almost let slip from my memory that I was to sketch the professor rather than the science. The first botanical lecture that I ever remember to have heard, was delivered by Professor Allman; and it was my lot, on that memorable occasion, to be captivated irrecoverably. After a lapse of several years, I have him still before me as he stood on that day, descanting on the invaluable merits and incalculable advantages of botanical science. As attractive and august in the lineaments of his countenance as Socrates himself (to whose bust he bears a striking resemblance), he seemed to copy the insinuating manner of that celebrated sage, by the lowly, modest accents of his tongue. The time at length arrived when, in spite of my bashfulness and timidity, I was obliged to form a closer acquaintance with the Professor. Then did I hope to revel in the delights of this *lovely* science, and to receive information concerning every sort of vegetable thing, “from the cedar of Lebanon to the hyssop that groweth out of the wall;” but all would not do. “So coy a dame” was botany to me, that I never could form even a bowing acquaintance with her ladyship under the Doctor’s auspicious introduction.

The attainments of Professor Allman, as a botanist, are said to be very profound—perhaps on the trite, but true, principle of *omne ignotum pro magnifico*. He is one of those men whose acquirements are better guessed than understood. He has taken care not to commit himself by meddling with the press; and during the whole nineteen years of his occupancy, he has preferred to trust his reputation to the capriciousness of vulgar fame. To this hour, great things are expected from him, by some; but time, with his “petty pace,” has ever been slipping away from him—and “time,” as Dr. Johnson has remarked, “is an antagonist that will not wait for casualties.”

Of all the professorships in the School of Physic, not one enjoys so much of the *otium cum dignitate* as that of botany—the professor may be out of the country for nine months in

the year, it seems, and nobody misses him. Doctor Allman is a regular “absentee” of this description; and, from his protracted annual residences in Switzerland and France, it may be presumed that he is disposed to rest his fame entirely upon exotics.

But having thus freely stated the general impression entertained of Dr. Allman, as a lecturer on botany, I feel myself bound in justice to declare, that he deserves considerable commendation in another essential point of view. Although so ill calculated to be an instructor in elementary botany, he spares no pains in keeping pace with the enlargers of the science—with the disciples of Jussieu and the French school. Almost the entire of his private course is devoted to the development of natural botany; and it is only to be regretted that he has so little regard for the totally inadequate state of his pupils’ preparation. The difficulties which obstruct the progress of the young botanist, in so sudden and premature an application to the natural method, are calculated to discourage him, and frequently to extinguish every spark of attachment which he may have had for the pursuit. That the professor will not adopt the simple remedy for obviating this inconvenience, is much to be lamented; his own interest, one should think, ought to stimulate him in this respect—for there is not a doubt that he loses, every session, the good opinion, along with the future attendance, of many a pupil. It is true that every medical student who intends graduating in Dublin, *must* attend Dr. Allman; but the regulation is complied with as a necessity. In order to *learn* any thing of the science, the pupil generally betakes himself to the familiar demonstrations delivered by Mr. Mackay, at the College Botanic Garden. Here Flora presides in all her gay and fascinating attractions—whilst Mr. Mackay, her high priest, contributes to rivet the chains of her votaries, by the clear and satisfactory manner in which he explains the mysteries of her worship. But there are the excursions too: perhaps it would be as well to conclude with a description of one of these national exhibitions—there may be some little novelty in it for our English friends. The expected hour is arrived, and the ardent group of simplers are seen mounting the vehicles which whirl them away to the shore—for Lambay is

their destination. The axles groan beneath the weight of hamper of comestibles. They ply the oar—they land. One has brought his gun—another his telescope—another his fishing tackle—and every body is armed with an ample sandwich box. Now begin the operations. One party is seen emulously climbing the giddy cliffs, “where shrieks the wild seamew.” Woe to the wild mew’s eggs! The lovers of the angle are seen employed paddling at the foot of some sea-girt rock—

Some delight to cleave
With pliant arm the glassy wave ;

whilst the fowlers enjoy many a fine shot in every direction. All this is for the pure love of science, to be sure. But where are the botanists? You see poor Mr. Mackay, with one or two stragglers, less adventurous, or less ardent in the pursuit of science, creeping slowly among the rocks, picking a moss, or a stunted flower, for the supply of the tin cases: it would be too bad to come home without something in them. At length, a concerted signal assembles the roving lovers of botany to the festive sod. And now, though they are all as well aware as Evelyn, “that the author of nature has given to plants such astonishing powers, such fiery *heat* in some to warm and cherish, such *coolness* in others to temper and refresh—such pinguid *juice* in others to nourish and feed the body—such quickening *acids* to compel the appetite, and grateful *vehicles* to court the obedience of the palate—such *vigour* to renew and support our natural strength—such ravishing *flavour* to recreate and delight us; in short, such *spirituous* and active force to animate and revive every faculty, to all the kinds of human, and, I had almost said, heavenly capacity too;” yet, why should they become Pythagoreans? Salads may be very good and excellent in themselves—but they are much improved by the addition of something more substantial from the animal kingdom. Cold punch, too, must be allowed to be very delicious in this hot weather, and infinitely more salutary than the simple draught from the purling brook. The night comes on apace, and warns them to turn homewards—and home they come *right merrily*, after a “very pleasant” day.

EBLANENSIS.

ANALYSES & NOTICES OF BOOKS.

“ L’Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D’ALEMBERT.

The Morbid Anatomy of the Bowels, Liver, and Stomach; illustrated by a Series of Plates from Drawings after Nature, with explanatory Letterpress, and a Summary of the Acute and Chronic Affections of the above-named Organs. By JOHN ARMSTRONG, M.D. Fasciculi 1 & 2.

ON every account these fasciculi deserve an early notice: as specimens of lithographic plates, they are above all praise; and as the production of a gentleman eminent for talent and industry, the accompanying letter-press claims a due share of our regard. It will be seen by the title-page, that the plan of this work does not essentially differ from Dr. Baillie’s *Morbid Anatomy*. Each fasciculus contains five plates, and the first is preceded by a short preface, and some remarks upon morbid anatomy, occupying 31 pages. An advertisement upon the wrapper informs us that these Numbers ought to have appeared last January, but the succeeding ones will be published with more regularity. Every body who has heard of Dr. Armstrong must be aware that he entertains some peculiar pathological opinions; that his practice is consequently different from that of most of his brethren; and that, with respect to the merits of nosology, he is little better than a heathen unbeliever.

We had scarcely penetrated five lines into his Preface when we met with a side-wind blow “at nosological technicalities;” for to the scholastic mode of education introducing those technicalities, and to popular prejudices, he mainly attributes the small progress that morbid anatomy has made in this country. There may be some truth in the first of these charges, but yet we must be permitted to say a few words in defence of nosology; and we sincerely lament that a man of Dr. Armstrong’s authority should, in his lectures, have not only so entirely omitted all arrangement himself, but have taught his pupils to condemn all system themselves. If it be a fault to rely upon nosological technicalities, surely it is no less a fault

to teach so extensive an art as medicine, comprising so many separate facts, without attempting to introduce something like order and method into the study—some plan by which the generalization of our ideas may be accomplished, and by which the mind may be led, as it were, step by step, to embrace the whole circle of causes and effects. We are no sticklers for Cullen, Good, Gregory, or any one particular author, English or foreign; all we contend for is some arrangement, without which, half the benefit of knowledge imparted must be, and is, inevitably lost.

Having thus given the doctor a gentle flap, to remind him of what we consider sincerely as one of his defects, we quote the following passage with pleasure, hoping, both for our own sakes and his, that it may be very extensively read; and, if so, it must do good.

“Every medical man who is duly impressed with the practical importance of his art, now considers it a duty to cultivate morbid anatomy to the utmost of his power, since he is fully sensible, that, without the aids which it affords, theory is mere conjecture, and practice mere empiricism. Indeed, if a doubt exist in his mind as to the cause of death in any case, he would look upon himself as criminal were he not to request and urge an examination, on the ground that, as such a case was the representative of others which must afterwards fall under his care, so they, in like manner, would, in all probability, be fatal, unless the veil of ignorance should be removed by some particular dissection; and, on the other hand, when such a request is made with becoming delicacy to surviving relations or friends, they should remember that they are under certain social obligations, which are of a serious and even sacred character. If their feelings should be so exclusive as to prevent the medical attendant from making an examination, when he is at a loss to determine the nature of the disease, they occasion to some of their fellow-creatures, through his consequent ignorance, an affliction as deep and irrevocable as their own; and thus, while they violate their duty as members of society, they moreover preclude the practitioner from acquiring a clear insight into those hereditary tendencies which, in a preventive view, might enable him to be really useful to

themselves, as branches of the same stock.”

We learn further, from the Preface, that the Illustrations now published were originally designed to accompany a work, which the doctor has long been preparing, on the Pathology and Treatment of Affections of the Stomach, Bowels, and Liver, as they occur in Children and Adults, but which he has not yet had leisure to complete. We are farther told that he does not design to delineate *all* the morbid appearances connected with those viscera, but to choose those of the greatest consequence, and which he has attentively examined himself. Thus far the Preface. We now come to the Preliminary Remarks on Morbid Anatomy.

A humorous countryman of ours is reported to have pulled off his hat to the statue of Jupiter Capitolinus, at Rome, begging it to be remembered that, in the event of his ever rising into notice again, he had paid his respects to him in the time of his adversity. We think that it will become us all to be very civil to the shade of humoral pathology, for there is every prospect of its getting its head above water again; and the author before us seems to be disposed to lend his assistance towards its resuscitation, for he observes—“If we take the acknowledged products of inflammation, as seated in this or that texture, and to them add tubercle, scirrhus, fungus, and melanosis, we have at once a bird’s-eye view of the most important changes which occur in the solids; but it is self-evident that any illustration of morbid anatomy which is confined to the solids merely, must be defective; for in the products of inflammation, and even in the above-mentioned formations, not legitimately referable, perhaps, to that state, the fluids are so directly or indirectly concerned, that we should endeavour to estimate their influences or conditions.”

The subsequent remarks of our author, therefore, equally apply to the pathology of both; and he first commences with the consideration of the changes that take place in the quality of texture of the blood itself; then of the secretions generally, including some of the products of inflammation itself; the gaseous secretions of small pox, measles, and scarlet fever; the liquid secretions; and, lastly, the concrete secre-

tions (as he denominates them), of which he enumerates two kinds, the separated and the attached—biliary and urinary calculi are familiar instances of the former, whilst the most remarkable of the attached secretions are tubercle, scirrhus, fungus, and melanosis.

It is obviously out of our power to do more than commend the many ingenious remarks which are interspersed throughout these few pages: they afford scope for much reflection to the attentive reader, and shew our author's perfect acquaintance with the labours of his foreign and native contemporaries. We may just observe, *en passant*, that he disputes Dr. Baron's theory of the formation of tubercle, and urges some arguments that do not appear to us very easy to overturn. We cannot dismiss this imperfect notice without again commending the execution of the plates, and the fidelity of the colouring. There are five plates in each fasciculus, and they represent several diseases of the stomach, beginning with inflammation of the mucous coat, and terminating with the appearances of the fibro-cartilaginous and scaly scirrhus.

A Synoptical Table of Midwifery, shewing the Management of Natural and Difficult Labours, their Consequences and Treatment. By H. H. Goodeve and Thos. Evans, late House Pupils to Dr. E. J. Hopkins. One large sheet.

A Manual of Midwifery, for the use of Young Practitioners of both Sexes. By Wm. Maclure, Surgeon.

BOTH these little works have the same object, and their execution is very creditable to the respective authors. Comparisons are odious, but in critical fairness we must be allowed to say that we think Messrs. Goodeve and Evans's chart contains the greatest portion of instruction and advice to the pupil and young practitioner; whilst the form in which Mr. Maclure's Manual is published, gives it a superiority, inasmuch as it is easily put in the pocket, and may be consulted at the patient's bedside; whereas a large sheet cannot so conveniently be carried about the person. We should recommend Messrs. Goodeve and Evans to turn this matter in their minds, whenever a new edition of their Synopsis is called for.

MEDICAL GAZETTE.

Saturday, July 26, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

MEDICAL CHARITIES.

It is not a little extraordinary, considering the instability of human life, and the almost daily examples which we meet with of hope disappointed, and the most brilliant prospects intercepted by the arrest of “the fell archer Death,” that professional men do not more generally make provision against the assaults of this fatal enemy—assaults to which they are more especially exposed in the daily rounds of an occupation that brings them in contact with every source of infection and disease. How many instances have occurred, within a very few years, of men in the prime of life, animated with the most disinterested zeal for the advancement of science, and with every worldly prospect of honour and wealth before them, cut off in a few days by a mere scratch upon the finger! leaving all that is dear to them in this life to the cold compassion of a world too much occupied in its own pursuits to give more than a transient sigh, or a temporary aid, to the bereaved and, too often, destitute widow and children. That medical men should, generally speaking, be so careless and improvident, in the midst of the dangers to which they are peculiarly exposed, will, however, only surprise those who are unacquainted with human nature. Dangers of every day occurrence seldom occupy much of our attention, and those to which our peculiar occupations expose us are seldom or ever thought of at all. The medical man is, above all, we conceive, bound to consider his situation,

and to look forwards into life ; for few men start with so many difficulties, and no other profession, perhaps, is placed, in every point of view, in so complicated a relation with society : he is a gentleman without property ; he is compelled to make an appearance, without any substance to support it ; his education places him in society where certain expenses are unavoidable ; and the very nature of his profession is such that, until he reaches nearly the middle period of life, his labours are of little avail either to himself or his family.

The persons destined to the study of the medical profession are generally, almost universally, taken from the middle classes of society, possessing little prospect of independent property ; for, considering the drudgery and the disgusting details of part of the medical man's education, it is obvious that rich men will not undertake it, whilst, in a *commercial*, or *money-getting* point of view, it holds out but few temptations, when the distant prospect of remuneration, and the uncertainty of the returns, are taken into account. When the young aspirant for medical fame and honour has completed his course of studies, how many tedious years of heart-sickening expectation must pass over his head, before he can be admitted to the confidence of families, before he is looked upon "to have experience," or "to understand the constitution ;"—phrases which are in every body's mouth. This fact is established by the late period at which the medical man is enabled to marry ; the average is, certainly, not earlier than 35 or 36. Then who (even the most sanguine) can calculate upon more than twenty-five or thirty years of exertion, during which time he must maintain an appearance of respectability and comfort, and must also, if possible, secure a provision for his widow and children ? Now, reflecting upon the rocks and

shoals with which the stream of life is beset ; who will doubt that hundreds and thousands must fail in this honest and laudable endeavour ?—and hence the necessity of some institution that shall enable the anxious and hard-working father to effect the object nearest and dearest to his heart. Such institutions do exist, but they are upon a limited scale ; they do not include, perhaps, a tenth of the medical practitioners throughout the country : and this is the point to which all our preceding observations tend. We are only acquainted with the existence of three societies, having for their object the alleviation of the distresses of the medical man and his family : there may be others, but we are not aware of them. Those we allude to are the Medical Officers' Widows' Fund, the Medical Benevolent Society, and the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity. The first of these we believe to be sound in its principle, well arranged, and as well managed ; but as it is devoted to one class of medical men only, we purpose to do no more at present than to give it our hearty commendation, and to wish it all possible prosperity.

The second institution (the Medical Benevolent) is one of rather recent growth, and, we are sorry to say, includes perhaps not a tenth part of the practitioners even within the bills of mortality ; its funds are yet small, and its charitable objects have only come into operation within the last year : these are to provide assistance to those medical men who, either by age, infirmity, or any other unforeseen cause, are reduced to a state of difficulty. In the plan of this charity, we think, some improvement might perhaps be made : viewing the natural and laudable reluctance with which gentlemen make known their distresses—which reluctance is generally in proportion to the merits

and real misfortune of the individuals—some plan of relief might probably be proposed which should render the name of the applicant known to the smallest possible number of persons, consistent with a due regard for the proper application of the funds. We beg, however, merely to throw this out as a suggestion to those who understand the matter much better than we pretend to do.

The last society, that for the relief of the widows and orphans of medical men, begins now to assume an imposing appearance; its funded property is considerable, and the good it does, and has been the means of doing, cannot be spoken of too warmly or appreciated too highly; yet it is lamentable to think how small a proportion of the practitioners within the bills of mortality are mustered upon its list, notwithstanding all the rank, all the aristocracy (if we may so say without offence) of the profession, have set the example. We are of opinion, that well intended, well established, and well administered as this society is, still some improvements might yet be introduced into its constitution. We think, by way of tempting early subscription, some classification of its members might be made, and that those who only join it upon their becoming married men, should either pay an additional fine, or not obtain *all* the advantages until they have belonged to it a certain number of years. As it is, we have known the widows and children of persons who have not paid, in all, ten pounds towards the support of the charity, receiving sixty or seventy pounds per annum. Leaving these matters, however, to be thought of in the proper quarter, our object is simply that of imploring all medical men, as soon as they enter life as practitioners, whether they be rich or poor, married or single, to enrol their names in one or both of these charities. The sub-

scription to the one is two guineas, to the other one guinea per annum; a sum which, if put by weekly, or monthly, could not be felt. The good that would thereby be effected exceeds all calculation, and would supersede those praiseworthy, but melancholy (we had almost said degrading) appeals frequently made on behalf of the distressed individuals of our noble and godlike profession. We are aware that the last-named charity is confined to the bills of mortality; but its principles and objects being once known and appreciated, there is nothing to forbid—nay, more, there is every thing to encourage—the formation of one or more similar institutions in the Provinces; and to this proposition we beg especially to draw the attention of our readers.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Exostosis on Tibia.

MR. GREEN, on Friday, July 11, removed from the right tibia of a boy, aged 15, an exostosis, which the patient, according to his own account, had had from his earliest infancy. It was seated on the upper, inner, and fore-part of the head of the tibia, between the insertion of the sartorius and that of the gracilis, and projected rather more than half an inch. It had not, within the boy's recollection, increased much in size. As this projection was so close to the attachment of the two muscles above-mentioned, caution was necessary to avoid detaching them from the bone, and Mr. Green appeared, in the operation, to direct his efforts to that object.

He began by making a longitudinal incision from above the exostosis to a little way below it: the tendinous structure, which firmly embraced the base of it, was then separated by cuts in the direction of its fibres, *i. e.* from above downwards, and this being held back by an assistant, the projection was removed with Hey's saw. When detached, it appeared somewhat pyrami-

dal in shape, except that its apex (which was turned down when in situ) was rounded; it was capped with a cartilaginous substance, similar to that which covers the articular surfaces of bones; and from this characteristic, and, probably, also from its vascular appearance, Mr. Green remarked that it might possibly have become larger. The portion removed had a base, which was about an inch and a quarter by three quarters of an inch; and from base to apex about five-eighths of an inch.

One circumstance attending this operation was remarkable, and appears difficult to be explained: the boy appeared to suffer excessive pain, and that chiefly in the dissecting of the tendons and aponeurosis from the base of the tumor. Now these structures are said, by anatomists, to be insensible, unless they are in a state of inflammation; but they could scarcely be inflamed without being painful and tender, which they certainly were not, for up to a very few days before the operation, the tumor could be handled even roughly, without exciting pain, and the patient had never suffered any inconvenience from it. Could they have become inflamed during the progress of the operation? That is very unlikely—it was over in 15 minutes.

Inflammation of the Cellular Membrane surrounding Veins of Arm, with, probably, some Inflammation of Veins themselves, from Venesection.

Ann Goodman, a stout, healthy, country girl, aged 17, was bled in the left arm for drowsiness, June 23. She continued to use the arm in her occupation as a servant, and two days after to feel pain and tenderness about the wound, which festered. The pain increased, the arm became inflamed and swollen; she had fever, with violent headache, and, according to her own account, was delirious. She continued to use the arm till the 26th.

June 30.—She was admitted with a quick, full, hard, and thrilling pulse; violent headache and pain of back; a foul tongue, great thirst, nausea; had frequently vomited; face flushed, skin hot. The arm was swelled considerably from the middle of fore-arm to middle of upper-arm; this part was of a light red, but there were patches and streaks of a darker red (almost a crimson) surrounding the wound, and ex-

tending some inches above and below in the course of the principal veins. The lips of the wound (which appeared to be in the median basilic) were apart, and discharged a thin watery fluid, in considerable quantity. The arm was excessively painful, but not remarkably tender, except the red streaks—there the slightest touch gave acute pain: the tenderness extended beyond the redness up to the axilla, and there was some above the clavicle. In neither of these situations was any swelling perceptible.

The girl was exceedingly restless and irritable; said she had had no sleep day or night for some days, from pain.

V. S. ad 3xiv . Hirudines xx. brachio. Sæpe foveatur, et interim adhibeatur Cataplasma Lini.

Hyd. Submur. gr. v. M. s. c. Mistura Salina c. Antim. Tart.

July 1.—Slept very little from pain of head and arm; very restless; pulse 85 to 90, smaller, but still jerky; arm acutely painful; great pain of axilla and side of neck; tenderness as yesterday; has been well purged by the medicine; tongue covered with a whitish fur, moist; nausea and thirst continue.

Pergat.

2d.—Very little sleep; violent pain of head, with giddiness and transient delirium; skin hot and dry; pulse 110, softer, but still jerky; pain and tenderness of arm continue, but no tenderness of axilla or side of neck; appearance of arm improved, less inflamed; had a shivering fit, which lasted 15 minutes, this morning.

Pergat.

Eight p. m.—Pain, inflammation, and febrile symptoms, abated.

3d.—Febrile symptoms continue abated, but arm more inflamed again; pain and soreness of axilla have returned; hand and fingers œdematous; another shivering fit.

Pergat.

4th.—Pulse rather quick and small, skin cool, face not flushed; little headache, tongue furred, bowels open; some nausea; has vomited frequently the last few days; arm very painful, still swollen, tender where the red streaks are, viz. in course of brachial vein above the elbow, and of median and basilic below it. These streaks average

an inch in breadth, are more prominent than the rest of arm, and feel excessively hard, but no hard cord perceptible. The wound still discharges, but the matter is more purulent and thicker; the lips of it seem everted. Exceedingly impatient and irritable.

Hirudines xvj. brachio.

Opii gr. ss. h. s.

5th.—Arm less inflamed; had more rest after the opium than for many nights. Mr. Travers seeing the good effect produced by it, ordered to take

Pulv. Ipecac. Co. gr. every night at bed-time.

Seven P. M.—The arm has become inflamed afresh—a very distinct broad streak running up arm in the course of brachial vein, and another descending along that of the median; these parts are much swollen, very hard, and so hot, that it is painful to keep the finger long in contact with them. The fever has returned since morning, but under another type—it is now typhoid; pulse 100, small and thrilling; severe headache; tongue covered with a dry, brownish fur; appearance of exhaustion in countenance; skin cool and pale; hand and fingers more œdematous, a blush of redness on back of hand.

Lot. Spirituos. Hirudines xij. primo mane.

6th, nine A. M.—A better night than hitherto; felt composed, although she did not sleep much; little headache; tongue has a thick yellowish-brown fur, but is more moist than yesterday; nausea; vomited this morning; perspires freely; arm less inflamed, not so much pain or tenderness; two red streaks still visible; axilla sore and painful; pain in left side on making a deep inspiration; pressure on either side of chest gives pain. Spirit-wash not answering well, a poultice was again applied.

Pergat.

7th.—Pulse 80, and soft; skin cool and moist; little headache; tongue furred; arm better—a small and rather soft tumor about an inch below the wound, but no distinct fluctuation there; another larger and very hard tumefaction of integuments over median vein, about middle of fore-arm—this is excessively painful and tender; tenderness in the course of the brachial

vein up to axilla, but little redness there.

Pergat.

8th.—Altogether better; the hardness and tumefaction above-described much diminished; no fluctuation in any part of arm; hand still œdematous, but not inflamed.

9th.—Still better. She was ordered to leave off the medicines hitherto taken, and to take tonics. The arm was rolled from shoulder to wrist, and ordered to be kept wet with a cold lotion.

12th.—Is by no means in a perfectly healthy state, as she has a quick pulse and foul tongue, with a pale skin, and bloated appearance of the face; but all active disease appears to be at an end, and there seems to be no reason to fear a relapse.

Mr. Travers is of opinion that the above case was one of inflammation of the cellular membrane, immediately surrounding the veins of the arm, and thinks it possible that the lining membrane of the veins themselves might be a little inflamed.

The restriction of the redness and tenderness to the course of the veins, the comparatively little swelling of the whole arm, and the ability to move it without much increase of pain, prove it not to have been diffuse inflammation of the cellular membrane; while the fully developed, or (as Dr. Armstrong calls it) open type of the fever, and, probably, the recovery of the patient, would seem to make it improbable that it was inflammation of the vein itself. But still, if we consider the extreme irritability and restlessness, and the remarkable change in the character of the fever, which took place on the fifth day after her admission, when the inflammation became more particularly restricted to the course of the veins, we may, perhaps, safely conclude that the lining membrane of the veins was, at least towards the end, implicated in the disease.

G.

July 20.—Since the last report was written, an abscess formed a little way above the wound in the vein, which was opened, and some pus discharged. That is now nearly healed, and the patient is recovering her strength.

GUY'S HOSPITAL.

Contusion of the Abdomen, attended probably with ruptured Intestine, successfully treated.

WHEN the remarks appended to the case of rupture of the ilium, published in the last number of the Gazette, were written, it was not expected that a confirmation of their truth, so satisfactory as that which the following case affords, would so speedily have been obtained.

William Simmons, aged 16, of a weak and delicate habit, and pale skin, was crushed between a cart and some palings, July 9th, at 6 P.M. When the support given by the cart was removed, he fell down, and instantly vomited. At one o'clock he had eaten some salmon, which was observed in the matter vomited. When he was seen, an hour after the accident, his lips, face, and whole surface, were white. Bottles of hot water had been applied to the feet, and they were therefore warm, but it was stated that previously they, as well as the hands, had been cold. The features were shrunk, and expressive of great suffering and anxiety; breathing not much affected; the abdomen was swollen and tense; he had great pain there, and its whole surface was tender. The pulse was quick, small, and weak. As he could not himself evacuate the bladder, the urine was drawn off, and warm fomentations were applied during the night to the abdomen.

July 10th, 10 A.M.—The whole appearance of the patient is very much altered this morning. The lips are a full red; the cheeks coloured, and the whole face rather flushed. The surface, generally, is warmer than it was, and not so pale. Pulse 130, very small and weak; tongue a little furred. The abdomen is swollen, painful, and excessively tender. The greatest tenderness is under the floating ribs on the left side; and in the right hypochondrium there is a circumscribed spot, as large as a crown piece, which is puffy, as if air or fluid were within it; that is not tender. The breathing is performed by the thoracic muscles alone. There has been no stool yet since the accident. He has made water without assistance during the night. Mr. Callaway ordered him to have twenty leeches to the abdomen, and to take opii. gr. j. and calomel gr. ij.

5 P.M.—Asleep: has been very

drowsy all day, apparently from the following cause. The calomel and opium were given separately, and he soon after vomited, and one of them was rejected; which the nurse does not know, but most probably the calomel pill. He has vomited several times; has been in less pain since the leeches were applied, and lies with his knees drawn up.

10 P.M.—Pulse 150 at least, small and sharp; tongue whitish; skin hot, with some moisture. The vomiting continues at intervals, with some hiccup. The extremities were warm; face anxious; abdomen not very painful, nor excessively tender, except on the left side. The attempt to move in bed gives extreme pain. The abdomen is more swelled; it is now like that of a person in ascites, and very tense. The knees are drawn up. He can make water; has attempted to take a little broth, which produced vomiting. Mr. Callaway ordered him to have nothing but a little fluid to moisten the mouth, and to repeat the calomel and opium. He also took four ounces of blood from the arm, (as much as he could obtain) and ordered a dozen leeches to the left side.

11th, 8 A.M.—Has not had a good night; has been restless from pain, and has vomited frequently: no stool yet; pulse quick, small, and rather sharp; great tenderness still on the left side.

Hirud. xij. lateri sinistro. Rep. Pilulas.

To allay the vomiting, Mr. Callaway ordered an ounce of the infusum menthæ comp. to be taken every two or three hours.

11 A.M.—Pulse 130, fuller and less oppressed; less swollen and tense since the leeches were applied. The medicine has relieved the vomiting; two ounces have been taken.

3 P.M.—In more pain; abdomen more tender; has vomited several times since he was last seen, in consequence of attempting to take some soup; some hiccup; pulse 140.

Hirudines xiv. lateri.

No stool yet. Mr. Callaway ordered him to have a very small injection, made in the usual way; and particularly directed the nurse to throw it up without force.

Half an hour after the clyster was given, a rather large, solid, and healthy

looking stool was passed, with a part of the injection.

9 P.M.—Abdomen more tense and swollen, but less tender; pulse 130, small and rather hard; another more fluid stool. Poultice to the abdomen.

Rep. Pil.

12th, 8 A.M.—Has been very restless all night, and a little delirious; in great pain till 5 A.M.; since then free from pain. Vomited after taking the pills, and once or twice since. Pulse 120, and sharper than it has yet been; tongue a brownish and rather dry fur. One copious motion during the night. Abdomen far less tense and swollen; little tenderness except on left side; excessive tenderness there.

V. S. ζ vj. Hirudines xij. lateri sinistro.
Rep. Infus. Menthæ et Cal. c. Opii.

The bleeding entirely removed the sharpness of the pulse, rendering it a little quicker and smaller.

4 P.M.—Pulse 110, fuller and softer than it has yet been.

10 P.M.—Pulse 125; skin hotter; no motion. Mr. Callaway ordered another injection to be given, with the same precautions as before.

13th.—Still better; pulse 104, rounder and fuller, with a little sharpness. Abdomen less swelled; no tension, and little tenderness, except on the left side; has had a good night, and feels very comfortable. No stool yet; no more vomiting.

Hirudines xij. lateri sinistro.

Rep. Cœnema et Pil. Cal. c. Opii.

14th.—A good night; two or three motions; pulse 100, still rather sharp. Countenance better than it has yet been; skin cool; is in good spirits. No pain or tenderness except on left side.

Rep. Cal. c. Opii. Empl. Lyttæ lateri sinistro. To have some soup.

15th.—A good deal purged in the night, with some griping; tongue whitish, but papillæ prominent and red.

Mist. Cretæ co. p. r. n.

Omittantur Med. Alia.

16th.—Purging did not return yesterday, but during the night a good deal of tenesmus, but no stool of consequence; tongue better; pulse 90, and full.

20th.—Since the last date the patient has been gradually improving; the

bowels have become regular; the appetite has returned, and he has been gradually gaining strength.

It would be too much to assert that in this instance the intestines were absolutely ruptured, yet the extreme collapse which attended the accident, and the violent reaction which followed it, prove that some very serious injury must have been done to the viscera, while the early and very remarkable swelling which took place can only be accounted for by supposing extravasation into the abdominal cavity. It is impossible to speak in terms of too high commendation of the judicious manner in which the treatment was conducted. Mr. Callaway, who principally directed it, once had a case in which the symptoms of internal abdominal injury were as strongly marked, and in which the same treatment was equally successful.

G.

PARIS HOSPITALS.

Fatal Fracture of the Patella.

HOSPICE DE PERFECTIONNEMENT.—At No. 9, in the ward of St. Charles, a man, 43 years of age, was admitted on the 19th of May, who, on the previous day, broke his patella by a fall upon the knee; the joint quickly became swollen and painful; but, upon his admission, bandages were applied to keep the ends of the bone in apposition, and they were tightened to such a degree that, on the same evening, the patient's sufferings became extreme. He continued to suffer the whole night, and had not a moment's repose. He continued in this deplorable condition for two days, during which a low delirium came on, which was not, however, very apparent. It was only at the end of this time that the patient's complaints were attended to, and it was decided to remove and reapply the bandage. Ecymoses were observed on different parts of the leg, and particularly towards the foot; on looking attentively, different brown spots were perceptible. Nevertheless, the bandage was again put on, as tightly as at first; but the man cried out so violently upon this occasion, that it became necessary to remove it on the following day. It was then evident that gangrene had commenced, attended by the usual general symptoms of this affection. On the

26th of May, there remained no hope of preserving the man's life, but by removing the leg. M. Bougon amputated the thigh, and brought the edges of the stump together immediately. The inflammatory circle separating the dead from the living parts, was not perfectly distinct. This poor man died a few days afterwards, with all the symptoms of nervous delirium. The body was not opened till three days after death, which appears to be a practice introduced by M. Bougon, and which renders it impossible to trace the anatomical lesions of diseased parts.

*Bulletin of the Hospital of La Charité,
6th of April.*

Cancer of the Lower Lip.

A man, 60 years of age, of a strong constitution, had the lower lip almost entirely occupied by a cancerous ulcer. He attributed his disease to a cut three years ago, on the unattached edge of the lip, whilst shaving. The little wound healed, but the scar was frequently irritated and cut by the razor; it terminated in ulceration, and six months afterwards this ulcer had made rapid progress. When the patient entered the hospital, the disease extended from one commissure to the other, and from the loose to the attached edge of the lip. Its bottom was of a reddish-brown, or copper-colour; the pain was not acute, but had the lancinating character. His general health was good; the sub-maxillary ganglia were not affected. The abolition of the cancer was necessary; but the disease had too great a transverse extent, to permit a thought of removing it by a figure of V incision, and re-uniting the wound by a twisted suture. Professor Roux seized this opportunity to put in practice the ingenious operation of M. Roux, of St. Maximin, at the expense of the integuments of the chin and the sub-maxillary region. The operation was performed Tuesday the 1st of April, in the following manner. Two incisions, begun near the commissures of the lips, were continued below the chin, gradually converging. The parts comprehended between these two incisions were detached above and below; and from this dissection resulted a quadrilateral flap, formed of the whole lower lip, of the soft parts of the chin, and, below, of the superior part of the sub-

hyoidean region, and of the superior and interior fibres of the platysma-myoides muscles. The labial portion of the flap, altered to a great depth, was removed, and the bleeding edge, which resulted from this excision, was raised without difficulty to the place which the lower lip occupied, and there fixed with a twisted suture. Three needles were placed on the left side—there was need of four on the right, because the incision was obliged to be rather lengthened on that side. The operation ended, the new lip appeared to replace that which had been removed very well, and there was every reason to hope the patient would be cured without deformity. The hair-lip bandage was applied, and the patient put upon a rigid diet; very little pain was felt; the bandages were moistened with a bloody serum; the dressings were not removed until three complete days had elapsed. The new lip appeared of a brown colour; but it was warm, and preserved its sensibility in some degree. Adhesion, however, had not taken place in some points: the threads and pins were removed, and the parts kept in contact with adhesive straps, which were assisted by a double-headed roller and a sling under the chin. On the fifth day it was discovered that the flap had sphacelated throughout the whole of the portion forming the lip and the upper part of the chin; the division was marked by a distinct line of inflammation.

The want of success in this operation should not discourage us from repeating the same attempt upon another occasion. The sphacelus of the flap seems rather to have been an accident, attributable to the compression which the bandages made upon it: it would be better to rely upon the sutures and adhesive plaisters, to retain the parts in the desired situation. The chin ought to be sustained by a sling placed under it.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

ON THE EMPLOYMENT OF PHOSPHORUS AS A CAUSTIC.

DR. PAILLARD has lately written an interesting article on this subject. Re-

flecting on the rapidity with which phosphorus destroys the tissues to which it is applied, the doctor conceived the idea of employing it as a revulsive upon the skin, to remove chronic inflammations of the viscera, of the muscles, or joints. It is more convenient and quicker in its operation than moxa. A piece of phosphorus, about half the size of a lentil, placed on the skin and set fire to, produces great pain, cauterizes deeply, and to as great an extent, as an ordinary cotton moxa. Twenty seconds suffice for this operation. These new moxas may be made of all sizes; they can be applied in a greater or less number, one at a time, or all at once, according to the case in which they are employed. The author has applied twenty-four at once upon the loins, for the cure of a lumbago that had resisted all ordinary means. In a case of neuralgia affecting the thigh and ham, Dr Paillard placed thirty small moxas from the tuberosity of the ischium to the tendo archillis; they were all lighted at the same time, and extinguished in fifteen seconds, each producing an eschar as large as a *five-sous* piece. The patient (who had not been able to get relief from cupping the whole extent of the limb) was quickly cured. The phosphorus may be also employed to destroy a diseased tissue, or to change the character of a wound or ulcer. Dr. P. says, that he has cured a woman 65 years of age, who had suffered for eighteen months from a cancerous wart under the lobe of the left ear, of the size of a very small pea; upon which a piece of phosphorus of about twice that size was applied; an eschar covered the little tumor, which was detached in six days, and the patient speedily cured. This method is very useful in those timid patients who are alarmed by the preparations for the common moxa; for scarcely does this caustic begin to act before its operation is over, and yet it has as great an effect as that produced by the long-continued pain of the ordinary moxa, which becomes insupportable from the time it occupies.—*La Clinique*.

ON VALVES IN THE PULMONARY VEINS.

In all systematic works on anatomy, we find it asserted that the pulmonary veins have no valves. It is unnecessary

to prove this by multiplied citations—Waller among the ancients, and Meckel as the most modern writer, will suffice. The former says, in his *Elementa Physiologiæ*, t. i. p. 145, “*Sed etiam vera pulmonalis absque valvulis est;*”—and Meckel, in his *Human Anatomy*, vol. iii. p. 368, remarks that the pulmonary veins are usually without valves, with some very rare exceptions.

Professor Mayer's attention was first called to the valves in these vessels by finding them very numerous and very large in the pulmonary veins of the cow, although, on looking for them in swine, he found them absent.

In man, however, he found them, on examination, both large and numerous; so that it is difficult to understand how they should have escaped observation. A valve is always met with at the place where a venous branch joins the larger trunks at an acute angle; and the more acute this is, so much more marked is the valve. But where the branches join at a right angle no valve exists; which is precisely what takes place in the other parts of the venous system, as in the extremities, where valves exist where a branch joins the larger trunks at an acute, but not where this happens at a right angle. From this we see why it happens that fewer valves are met with in the pulmonary than in other veins; because the ramifications of the pulmonary veins chiefly take place at a right angle. This form of distribution is particularly the case in swine—and hence in their pulmonary veins there are no valves.—*Mayer in Zeitschrift der Physiologie*.

CASE OF RETENTION OF URINE.

M. Binet, notary at La Charité (Department of Nièvre), feeling symptoms of paralysis of the bladder, sent for Dr. Mathieu, who, finding that viscus greatly distended with urine, passed a catheter immediately. The instrument entered the bladder without the least difficulty, the urine was drawn off, and the patient relieved. The same operation was repeated two or three times in the space of thirty-six hours, without the loss of a drop of blood, and without encountering any obstacle in introducing the catheter. Dr. Mathieu being persuaded of the existence of a para-

lysis of the bladder, determined to leave the catheter in ; but towards the middle of the night he was again called to see his patient. The bladder had become filled to such a degree as to reach a considerable way into the abdomen, and the pain was excessive. The little fosset was removed from the mouth of the catheter, but no urine flowed ; the stilet was passed down and withdrawn, but still the water did not escape. The doctor then withdrew the catheter, thinking that some mucus might probably obstruct the openings ; but that was not the case. The instrument was withdrawn and again passed ten times, always without difficulty, but without success. At length, not being able to divine the cause of the obstruction, the doctor requested M. Binet's son to set out for Nevers immediately, to obtain the assistance either of M. Pierson or M. Frebault. The son returned in about twenty hours with the latter gentleman, who, after hearing the case, and what had been done to relieve it, had the *maladresse* to give it as his opinion that the catheter had been passed in a wrong direction, and that this was the reason that the urine had not escaped. Dr. Mathieu in vain explained that there had been no difficulty in introducing the instrument, no bleeding, no pain ; and that if the catheter had not been passed into the bladder in the first instance, the water could not have been drawn off. But M. Frebault was positive ; and, after having himself passed the catheter in vain, he proposed making an incision above the pubes. M. Mathieu formally protested against this proceeding, and, after sending M. Frebault to bed, went into another apartment, where he passed the night in examining the works of Sabatier, Chopart, Des-sault, Lassus, Richerand, and Boyer, but without finding any thing to his purpose. At length, says M. Mathieu, I succeeded in divining the true cause that prevented the action of the catheter. He then went to M. Frebault, and they conjointly visited their patient, whom they found in a frightful condition. M. Mathieu having obtained a longer catheter than usual, and having introduced it into the urethra, he injected hot water through it. The patient experienced no increase of pain. He then pushed on the catheter about an inch farther, and again injected more

hot water : a third injection was then made, without producing pain. This circumstance convinced him that he was not mistaken in his opinion, that a thick coagulum of blood had been the cause of all their difficulties. After a fourth trial, and having passed the catheter four inches farther than on the preceding evening, they succeeded in penetrating to the urine, which then passed off with force. The bladder was emptied in about two minutes, and the patient saved. The blood was got rid of in about three weeks, by injecting the bladder five or six times a-day with warm barley-water. The palsy of the bladder remained, so that the patient was obliged always to wear a catheter.—*Journal Comp.*

SIR PATRICK MACGREGOR.

We lament to have to announce the death of Sir P. Macgregor, Bart. whose appointment as one of the Vice-Presidents of the College of Surgeons we noticed in our last Number. This gentleman, whose death took place on Friday, the 18th inst., had for some time been in a declining state of health, but sunk under an inflammatory attack, after about a fortnight's confinement. He was Serjeant-Surgeon to the King, Surgeon to His late Royal Highness the Duke of York, and to the Commander-in-Chief.

NOTICES.

We have no recollection of Mr. Cooke's work having been sent to us—if it had been received, it would certainly have been acknowledged.

We are obliged by Mr. Watson's communication: in the absence of the Reviewer, we cannot say more at present.

"Amicus Veritatis" has been received.

Mr. Perry's case in our next.

After due consideration, we have declined publishing the second letter of "Aretæus:" it contains no new facts or arguments, and leaves the question precisely where it was: enough has, in our opinion, been already said upon the subject.

ERRATA.

In our last Number, in Dr. Chambers's Lecture, first paragraph, last line but one, for "at," read "as."

Page 194, first column, last line but one, for "fuel, water casks," read "foul water casks."

Page 199, line 31, for "subsided," read "subdued."

W. WILSON, Printer, 57, Skinner-Street, London,

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 35.]

SATURDAY, AUGUST 2, 1828.

[VOL. II.]

SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

By W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

(Continued from page 199.)

REMITTENT FEVER.

THE treatment of remittent fever in children is exceedingly simple. Let us first suppose that the child is three years old.

At the commencement of the disease, when the febrile symptoms are severe, it will be necessary to purge the patient freely, by administering two or three grains of calomel joined with (for the purpose of exciting diaphoresis) a grain or two of James's powder; and in the morning six drachms of infusion of senna, with a drachm of sulphate of magnesia; or should the child be weakly, from six to ten grains of rhubarb, with twice the quantity of magnesia, instead of the senna draught. This must be repeated daily, or on alternate days, until the child's tongue becomes moist, and his skin loses its heat and harshness.

If after the urgency of the fever has been subdued, there is still hardness and distention of the abdomen, with a depraved state of the excretions, and some disposition to feverishness, followed by profuse perspiration at night, which is by no means uncommon even after the acute symptoms of fever have disappeared, it will be advisable to omit the stronger purgatives, and order half a grain of calomel to be administered

twice or thrice daily, and every other morning, should the bowels not be freely evacuated by the calomel, a drachm of castor oil, or six grains of rhubarb.

By persevering in this system for a few days, we shall in most cases overcome the disease, and little more medicine will be required. Occasionally, however, when the disease has become inveterate, either from neglect or mismanagement, even after the fever has been subdued, the little patient remains in a state of atony and extreme emaciation; the digestive organs perform their functions very imperfectly; much acidity is evolved during the process; the stomach and bowels are charged with flatus; the evacuations are clay-coloured or of a chalky appearance, and of a most offensive, sickly, acid smell; in short, it is evident from the whole appearance of the patient that though the original disease has been overcome, the constitutional powers remain scarcely capable, without assistance, of restoring the general health and strength of the patient, and perfecting his cure. In these cases it will be advisable, with the view of maintaining the healthy action of the liver and intestines, to order a powder, consisting of gr. ss. of calomel with five grains of carbonate of soda, and a grain of aromatic powder, to be taken every night or every other night, whilst we endeavour to give tone to the digestive organs, and through them to the system in general, by administering in the morning and at noon daily a draught of this kind.

Infus. Cuspariæ ℥ss.

Aquæ Anethi ℥ii.

Ammon. Carbon. gr. j. M. fiat haustus,
manè et meridiè sumendus, quotidie.

Or this—

R Infus. Gentianæ Comp. vel Infusi Calumbæ.

Aquæ Menthæ sativæ, 3iij.

Spir. Ammon. Aromat.

Tinct. Cardamon comp. $\mathfrak{m}\nu$. M. fiat haustus, manè et meridiè sumendus, quotidie.

In the description of the treatment of infantile fever which I have just offered you, I have supposed that the child was about three years old, and I have adapted the doses of the medicines prescribed to that age. These, however may be accommodated to any other age by the use of Dr. Young's canon, (see Medical Literature.) It is this:—

“For children under 12 years old, the doses of most medicines must be diminished in the proportion of the age to the age increased by 12.”

For instance, the full dose of powdered rhubarb for an adult is gr. xxx. The dose at three years of age would be $\frac{3}{3+12}$, or $\frac{3}{15}$, or $\frac{1}{5}$; one-fifth of thirty is six, the dose for a child of three years old. I need scarcely say, that with a very little practice you will be able to dispense with any such artificial rule as this, for the medicines which children require are few in number, and these in a very short time we learn to administer in proper quantities without hesitation or difficulty; but whenever any doubt arises, a reference to the canon just mentioned will at once clear it away. It may be as well at the same time to remember, that children under twelve months of age will for the most part bear the full dose given by the canon for a child of a year old; and besides, that infants bear large doses of calomel very well, and large doses of opium and of antimony very ill. Antimony should not be administered at all to a child before it is weaned, and afterwards with great caution, and in very small doses; and as to the two other medicines just mentioned, I should not like to give a new born child, under any circumstances, more than four or five minims of tinctura opii in the course of the day, whilst there are certainly occasions which would justify the exhibition of more than as many grains of calomel in the same time.

So far we have been speaking of the medicines to be administered to children labouring under remittent fever, but there is a part of the necessary treatment not yet touched upon, which is of

equal, if not superior importance, towards ensuring the cure of the disease, than this question of medicines to be administered. I refer to the subject of diet. I have already stated that errors and excess in food are, in the first instance, amongst the most obvious causes of infantile fever; and I may now add, that the same errors and excess are, if persisted in during the fever, the most frequent causes of its severity, and offer the greatest impediment to its removal.

The prejudices of most nurses dispose them to over-feed the children under their charge at all times, and particularly when they appear weak and ill. Now, as the weakness and depression under which the child is labouring in an attack of remittent fever, is in a great measure owing to its almost total inability of digesting any thing, it is obvious that, by increasing the quantity of food introduced into the stomach, you are not only doing no good, but are overloading and oppressing an organ whose powers are already almost extinguished by disease; which powers it can only recover by repose, or at any rate by being allowed to perform, for a considerable time, the lightest and easiest duty.

It is necessary, then, as soon as a child is seized with remittent fever, that all solid food should be interdicted; for the stomach is, under such circumstances, incapable of digesting such food, and all that is not digested will serve merely as a source of increased irritation and more intense febrile excitement. The little patient should, therefore, live entirely on the breast (if it be not weaned), or, if weaned, on milk and water, rennet whey, thin gruel, or barley-water with milk, or ass's milk; and of these, from two or four ounces (according to the child's age) every four hours, will be quite sufficient nourishment during the activity of the fever. As soon as this has subsided, the same quantity of beef-tea, chicken-broth, or weak veal-broth, thickened with tapioca or rice, or arrow-root, may be substituted for the milk, twice a-day; but solid food must not be allowed until it is evident that the digestive organs have recovered their power; and this will be sufficiently evinced by the restoration of healthy colour and consistence, and smell, to the excretions; and even then the quantity of solid food, being, of course, at all times appor-

tioned to the age of the patient, must be allowed in very moderate quantity for several weeks, lest its superabundance should, as is very commonly the case where such precaution is neglected, reproduce the disease which has so lately been overcome.

Having thus concluded the description of the treatment of remittent fever in children as well as in adults, I will detain you a few minutes by mentioning shortly **THE APPEARANCES AFTER DEATH**, in those who die of this disease.

In adults, if the violence of the fever destroys the individual in a few days, the appearances of congestion, or sanguineous accumulation, found after death, are precisely like those already described, as observable in persons who have died of intermittent fever; whilst, on the other hand, if death takes place at a more advanced period of the complaint, after it has taken, in a great measure, the character of a continued fever, the appearances are those which we shall describe at length when we speak of that disease. I should say, generally, that often considerable quantities of serum are found effused between the membranes and within the ventricles of the brain, and that inflammatory congestions, if I may so speak, are detected in the liver or the spleen, or the mucous membrane of the stomach and bowels, or the bronchial membrane, or in several or all of these together.

In the remittent fever of children, the appearances after death are very similar to those just mentioned, except that, when the disease has continued for some weeks, obstructions occur in the mesenteric absorbents, and the glands are enlarged and diseased.

PROGNOSIS.

The prognosis in this disease, as in most fevers, is unfavourable when the principal symptoms set in with unusual violence at the beginning of the disease, especially when the delirium is furious at the commencement, or when the irritability of the stomach is intense, and insuperable by the ordinary means used for subduing it; when the hepatic congestion is great, or the bronchial affection very severe. All these being proofs of the severity of the disease, are, of course, circumstances affording an unfavourable prognosis.

In a more advanced stage of the dis-

ease, that which affords the worst possible prognosis is the failure of the vital powers, whilst the morbid actions constituting the disease remain in all their vigour. Supposing, for instance, the delirium is constant; the sickness incessant, the sense of oppression at the præcordia highly distressing, and yet the pulse is exceedingly weak; the skin cool and clammy, the excretions escaping without the consciousness of the patient;—I need scarcely say what will be the probable termination of the disease: and if to these be added passive hæmorrhages—such as the descent of large quantities of venous blood from the bowels—tympany, petechiæ, and subsultus tendinum, the death of the patient cannot be distant.

On the other hand, simple debility, unless, indeed, it be excessive, would not alarm us, if we daily saw the more important symptoms of the disease yielding to the medicines exhibited, and to the general treatment adopted for its removal.

This will suffice as hints for forming a prognosis in remittent fever: many of these we shall have occasion to mention again, when we speak of the favourable and unfavourable symptoms of continued fever.

ON CONTINUED FEVER.

Having completed the description of intermittents and remittents, we have now to proceed to the consideration of a species of fever which, whether it is viewed with reference to the obscurity of its cause, its prevalence in almost every country of the world, or its fatal effects on the human constitution when it is neglected or improperly treated, is peculiarly interesting and important to every practitioner. The disease to which I allude is continued fever. It is the disease which, according to its severity or mildness, or according to the presence or prominence of certain symptoms, and the indistinctness or absence of others, has been called by various names. It has been known as putrid fever, or malignant fever; nervous fever, one-and-twenty day fever, petechial fever; typhus gravior, typhus mitior, synochus, synocha, low fever, brain fever, mucous fever, muco-enteritis, simple typhus, congestive typhus.

These names are, for the most part, explicit enough in themselves, and therefore do not require much ex-

planation. It is well known that many writers and physicians formerly considered that certain forms of the disease were attended with a putrescency of the system, and that these cases were peculiarly malignant. Hence the name of putrid or malignant fever. In other instances it was supposed that the brain and nervous system, to the exclusion of the system of blood-vessels, was the seat of the disease: hence the name of nervous fever. It was called one-and-twenty day fever from a supposition that a crisis frequently occurred at the end of three weeks. The presence of petechiæ, in severe instances of the complaint, contributed the name of petechial fever; whilst the appellation of typhus, with its various epithets and modifications, was derived from a Greek word, signifying smoke, or confusion. Synochus and synocha, are merely "continued," in Greek. The terms low fever and brain fever require no explanation; and as to the more modern denominations, of mucous fever, and muco-enteritis, they will be sufficiently explained by-and-by, when we describe at length the extensive injuries so often inflicted on the membranous lining of the air passages and intestines, during the progress of the disease under consideration.

Now, all these varieties of disease, under whatever name they may have been described, when viewed pathologically, may be considered as one and the same disease.

That disease I propose hereafter to designate by the simple appellation of **CONTINUED FEVER.**

The exciting causes of continued fever are certainly enveloped in some obscurity. It is impossible, however, to look at the character of this disease without being struck with the analogy which it bears to the two species of fever of which we have just finished the description; nor, indeed, can there be any doubt that it does not differ more in its symptoms from remittent fevers than remittents differ from intermittents.

If, then, this analogy be allowed, we do not, I think, violate the rules of probability by saying that it is likely that this disease, in common with those I have just alluded to, may often owe its origin to some qualities of the air; not, indeed, precisely those which produce intermittents or remittents, but qualities which, whilst they bear some ana-

logy to the endemic sources of those diseases, are, at the same time, infinitely more common, and diffused with much less discrimination over districts of various character and every degree of elevation. The simple fact, that we have never been able to detect, by analysis, the nature of that atmospherical constitution which we suppose capable of producing this disease, is no more an argument against its being its source, than the obscurity which conceals the qualities of marsh effluvium is an argument against its power of producing intermittent fevers.

It is my belief, Gentlemen, that the disease in question is generally non-contagious:—that it will attack simultaneously, or one after another, persons in the same family, who have been exposed to the same exciting cause, is an undoubted fact; but it appears to me much easier to conceive that it is some epidemic, or endemic influence, which acts equally on all, as we know is the case in marsh fevers, than to believe that a fever, characterized by circumstances so similar to those of the endemic fevers which we have been describing, and often absolutely alternating with them, can differ so materially from them in its origin.

I have said that the precise nature of the effluvium producing remittent and intermittent fevers, has always baffled the powers of chemical analysis, and the same thing may be said of the qualities of the air which generate continued fevers. Sydenham calls the cause of the continued fevers of his day a secret constitution of the air; and that which was secret then, I am sorry to say, remains still undiscovered: but, whatever may be its nature and qualities, there are some circumstances attending it which are quite indisputable. It is, for instance, well known to exist, in its fullest strength, in low and damp situations. Remark the districts in our own immediate neighbourhood, where this remote cause of fever is most active: we shall find, whenever continued fever is epidemic, it is always most prevalent in the low tract which lies between Hammersmith or Fulham, and Westminster Abbey on one side of the water, and between Putney and Rotherhithe on the other. It is certain, however, that this fever, as I observed of remittents, is not confined to the lower parts of the town: it occurs, although

not so frequently, in higher and dryer situations. Of these cases, some, undoubtedly, may be supposed to occur in individuals who have exposed themselves, during their usual occupations, to the effluvia of damper situations; others, if their cases are carefully examined, will be found to dwell in dry situations indeed, as far as external appearances go, but to occupy damp basement floors, or houses in which the drains are out of order, and very offensive;—or it will be ascertained that they live in the neighbourhood of open ditches, or sewers, or some other similar source of that state of the air which we suppose to be the cause of the disease in question. As we do not know what that precise state is, it is possible that we may sometimes fail in tracing it to its right source: but I think it is but fair, since we can often detect the origin of the effluvium in question, to take for granted, in those instances in which it eludes our search, that the cause is still analogous to that which we have so often detected under similar circumstances of disease.

[To be continued.]

MEMOIR

ON

LATERAL DEPRESSION OF THE PARIETES OF THE CHEST.

BY M. DUPUYTREN*.

SOME authors have spoken of this deformity, either connecting it with the diseases of children or with rachitis; such, for example, are Van Swieten, J. L. Petit, Levacher, &c.; but it is only necessary to read the little they have said, to be convinced that they have given a very imperfect account of the disease, and of its cure.

This unnatural formation of the chest is most frequently observed in the children of scrofulous or ricketty parents, residing in low, damp, and cold situations; in those who are badly clothed and ill fed.

In children affected with this deformity, the sternum protrudes like a keel; the vertebral column projects behind, and the ribs are not merely flattened, but actually bent inwards, nearly as

if, while they were yet soft, and capable of taking any shape or form, the sides of the patient had been pressed towards each other, as pigeons are suffocated by passing the fingers under the wings, and compressing the sides of the thorax. To so great an extent does this proceed in some children, that the two sides of the chest may be embraced, or spanned, between the fingers of the same hand. The natural proportions of the cavity of the chest are then so much changed, that the diameter from one side to the other loses one-fourth, one-third, or even one-half; while the antero-posterior diameter, and that from above downwards, gain nearly as much. It would seem that, in depriving the chest, and consequently the lungs, of their dimensions in one direction, nature endeavoured to make it up by encreasing them in another. It is far, however, from following, that there is an entire compensation, either with regard to the capacity of the chest or the functions of the organs contained in it: whether it be that the chest does not actually gain so much in the one direction as it loses in the other, or whether the organs placed in an unnatural situation cannot act so well, the deformity never fails to produce great oppression and shortness of breathing, often amounting to anxiety, and even anguish. In the new-born infant there is great difficulty in sucking, and suffocation is produced by a continued attempt, so that the babe quits the breast, after a few minutes, with screaming. At a more advanced age, the voice is affected, becoming short, interrupted, and, as it were, jerking. These symptoms are aggravated every time that the patient takes the least exercise—such as going up or down stairs, or even speaking with animation. In this respect, the patients much resemble persons labouring under disease of the heart; but an attentive examination will shew that these disorders and irregularities are in proportion to the derangement of the respiration alone, and are, in fact, one of the effects produced by it.

During sleep, the respiration, impeded by the defective formation of the thorax, and by the swelling of the tonsils, is always performed with the mouth open, and with noise. The sleep itself, indeed, is frequently disturbed by unpleasant dreams, which are almost always connected with the state of the

* Repertoire Générale. Tome 5.

respiration, and which are frequently interrupted by cries, or starting.

These symptoms, especially the difficulty of breathing and interrupted circulation, may be carried to such an extent as to cause death in early infancy, or, if not, they keep the patient in such a state of weakness as deprives him of the best part of his faculties.

It is remarkable, that this deformity is almost constantly accompanied by a considerable swelling of the tonsils—a phenomenon, the connexion of which with depression of the chest, is at present unknown. It is easy to conceive how much this swelling must add to the difficulty of breathing; and it is sometimes so great that I have been obliged to extirpate the glands—an operation which, without entirely removing the difficulty of respiration, has, at least, always relieved the patients.

Pulmonary catarrh is a no less frequent complication of this depression of the ribs and enlargement of the tonsils, and always constitutes a formidable addition. There now exists a threefold source of oppression—deformity of the chest, enlargement of the tonsils, and catarrh. But, of all the diseases which may be combined with this state, hooping-cough is the most to be dreaded: I never witnessed a more painful spectacle than that of an unfortunate child, who, with the ribs bent in at the sides, and enlarged tonsils, was attacked with this disease in a severe form. He experienced, at every paroxysm of coughing, a degree of oppression which seemed to threaten immediate suffocation; and, in fact, he did perish in one of these attacks.

I have spoken of the enlargement of the tonsils as existing along with this deformity of the chest; and I have frequently been obliged to extirpate them in children at the breast. Whether is it more eligible to adopt this latter practice, or to wait? I have felt as much as any one—perhaps more than most—the difficulty of the operation at a period of life when reason is unable to overcome the impulses of instinct, which oppose themselves to every thing causing pain, and which endeavour to remove even whatever produces restraint. Accordingly, nothing but the imminent danger to life, has sufficed to make me decide upon operating in such cases. This danger is such, that I have seen infants affected

simultaneously with this depression of the ribs, and with enlarged tonsils, sink, after dreadful but ineffectual struggles to breathe, into a state of convulsions, or of asphyxia—a state from which they recover only to relapse into it again on the next attack. It is necessary, then, to operate, under pain of seeing these unhappy creatures lose their lives in the greatest torment—from the necessity, at once, and impossibility of breathing*.

The examination of a considerable number of children, in whom this conformation of the ribs has been present, has shewn an imperfect development of the skeleton; the bones of the head being open, at a time when they ought to have been closed, the ends of the long bones being enlarged and soft in their texture, resembling bones steeped in diluted nitric acid, so that they were sometimes more easily cut than broken; the venous system much developed, and the cellular tissue of the bones of a deep red, as if from venous vascularity; the dentition backward, and the teeth of the first or second set, spoilt. The lungs have been found depressed towards the vertebral column, offering towards the point corresponding to the depression of the thorax a similar depression, and behind having the mark of the ribs, so that they seemed furrowed by these bones; the lines in relief corresponding to the intercostal spaces.

It is necessary in these cases, as in all other deformities of the bones depending upon softening produced by scrofula or rachitis, to have recourse to a strengthening regimen, and to the use of bitters—but with great moderation, on account of the respiratory and circulating systems; the disturbance of which would be increased by the too free use of tonics. With these must be united local means; and of those which I have employed, the most efficacious are such as tend to strengthen the muscles which connect the arms with the chest; and, *above all, pressure from before backwards frequently applied to the sternum.*

The exercises which I recommend, have for their object to raise the parietes of the thorax—to separate them and

* The author here alludes to an instrument invented by Dr. Lemaitre, which he strongly recommends in the operation of extirpating the tonsils.

carry them outwards; in short, to restore them to their natural situation. There is no exercise more calculated to effect this, than that of raising, by means of the hands and arms, a weight suspended by a cord passing across two pulleys, the end being attached to the middle of a stick to be held with both hands. The weight must be proportioned to the strength of the patient, who, standing up, or raising himself on his tiptoes, is to seize one end of the stick in each hand, and employ the muscles of the forearm, arm, neck, and chest, in order to bend at once the head, chest, and trunk, towards the floor, thus raising the weight attached to the other end; exciting alternately the flexor muscles to elevate the weight, and the extensors to raise the body again to the erect posture. If it be true, as cannot be doubted, that there exists, between the bones and the muscles, a relation with regard to figure and action, such as these last always tend to exercise on the former, so as to bring them to one constant shape, it is certain that the exercise which we have just described, as directing these muscular efforts on the bones of the chest, must bring back, by degrees, the parietes of that cavity to a better form.

Pressure on the chest, from before backwards, by means of a machine, having a *point d'appui* on the back, would have all the inconveniences inseparable from such contrivances—namely, irritating the skin and producing inflammation. The pressure which I recommend has not this disadvantage: it consists in supporting the child's back either with the knee, with one hand, or, what is better, against the wall; and thus pressing, with the palm of the other hand, on the most prominent point of the sternum, with an alternating movement corresponding to the act of respiration. After a few days, the little patient, and the person who applies the pressure, learn mutually to accommodate each other—the pressure being applied during expiration, and suspended during inspiration. During these movements, a noise is heard like that of air, alternately entering and being forced out of a bellows.

I have often observed, with the greatest attention, the immediate effects of this exercise: they consist in a flattening of the keel formed by the sternum,

a bending, more or less distinct, of the ribs outwards, and a momentary return of the chest to a more natural form; respiration much more full and complete than usual, and then, on the removal of the compression, the sudden return of the parts to their ordinary state—the return being accompanied by a deep inspiration. These compressions ought to be repeated a hundred times a-day, if that be possible, and continued several minutes each time: their efficiency is greater in proportion as they are longer and more frequently used. The care of carrying them into effect ought not to be left to any one indifferently—it is only in a mother's love that we find the perseverance necessary to effect a cure; but, with this assistance, there is scarcely any instance of this kind of deformity which may not be remedied; and I have known children, affected with it in a very high degree, grow up robust and well made. Such was the result of the following case, taken at hazard from among many others, the success of which was not less complete.

A female child, the daughter of a ricketty mother and scrofulous father, had, at the time of birth, great difficulty in breathing, and still more in taking the breast. Her cries, the desire to take food, and the impossibility of satisfying her appetite, gave rise to my being sent for; and I observed a constant oppression, accompanied by hurry and derangement in the functions of the lungs and heart. The child cried and fretted constantly, endeavouring to suck every thing which was put to its mouth. She eagerly seized the breast when it was presented, sucked with avidity for a moment or two, till she brought the milk in such quantity into her mouth that it ran over, and then she would quit the breast with the most distressing cries. After a time she returned to it again, when the same thing was repeated. To these symptoms was added a great depression of the sides of the chest, with a corresponding projection of the sternum and belly before, and of the vertebral column behind. There was nothing wrong about the nostrils or tongue; the nipples of the nurse were well formed; the milk flowed with facility. The difficulty which the infant had in retaining the breast, as well as the disturbance of the breathing, &c.

depended upon the conformation of the parietes of the chest. This did not admit of immediate relief—but it was necessary to keep the child alive, and, to effect this, it required to be nourished. This was accomplished by keeping the nostrils clean and free, taking care to keep the breast and every thing else from coming into contact with them, so as to interrupt the passage of the air; giving the nipple and taking it away again alternately, so as to afford the respiration time to recover itself; and, above all, gradually feeding the child with a spoon, instead of allowing it to suck, as this process obliges the individual to breathe, for the time, by the nostrils exclusively.

By these means, the child acquired the age of three years, and even became strong; but the defective formation of the chest continued, and gave rise to difficulty of breathing, which manifested itself by the frequency and shortness of respiration; by habitual oppression, increased by the slightest exercise; by the interruption of the sleep; frightful dreams; sudden waking; and by an habitual reddish purple-colour of the face, which became deeper in proportion to the oppression. At this time, the noise which the air made in the throat, particularly during the night, induced us to examine the tonsils, which were found to be so large that they scarcely left half the natural passage free.

Was there any organic disease of the heart or lungs? The former idea was rejected—the latter was maintained by some of the medical men who were called in. The greater number, however, thought that all the phenomena depended upon the defect in the figure of the chest. This had been sensibly increasing for some time: it had been agreed to employ tonics, but the increase they occasioned of the oppression and agitation, soon rendered it necessary to discontinue them. They were resumed and discontinued several times, until it was quite ascertained that they did harm—when they were permanently abandoned. I then proposed pressure on the chest, from before backwards, in the manner above described. The child, now between three and four years old, had at first some difficulty in being reconciled to this treatment, but after a time, encouraged by the benefit which resulted, the parents and friends became so

zealous, that the pressure was applied many times a-day. This perseverance speedily produced the happiest results: in less than six months the projection of the sternum diminished, the back got straighter, the lateral depression of the chest almost entirely ceased, the belly lost its inordinate size, the breathing was more easy and regular, exercise became less fatiguing, the size of the tonsils diminished, as well as the noise made by the air in passing the throat. Six or seven years went on in this way, during which time the patient grew and acquired strength astonishingly. Nevertheless, she had not the chest perfectly well formed, nor the back perfectly straight, nor the respiration perfectly free. The thorax was round and cylindrical, and active exercise, after a time, disturbed the breathing. I then recommended the exercise above described; and this was employed, during two years, with the same degree of perseverance as the compressions had formerly been. Two or three hours were spent in this manner each day, the good effects of which were speedily manifested. The muscles of the superior extremities acquired strength; those coming from the thorax, especially, became much developed; the chest increased in breadth; the spine acquired its natural form; the respiration was deep, and of its proper frequency;—in a word, this young person is now one of the largest and most perfectly formed of her sex, and no one, on looking at her, would suspect that, during infancy, she had been deformed.

MEMOIR

ON THE

OBSTACLES PRESENTED TO DELIVERY BY THE MALFORMATION OF THE FŒTUS.

BY A. DUGES,

Professor to the Faculty of Medicine, Montpellier.

[Concluded from page 207.]

Water in the Head.

THE only objects connected with water in the head, which we have to consider, are those which influence parturition; its frequency at the time of birth; the signs by which it may be

known; its effects on labour; and the manner of affording the necessary assistance.

As to its degree of frequency, in consulting the registers left by Mad. Lacapelle, I find that, of 43,555 labours, which took place at the Maternité, between 1799 and 1820, only 15 cases of hydrocephalus at birth are mentioned, giving a proportion of 1 in 2904. We must, therefore, expect to meet with them very seldom in civil practice, and take care not to suspect their existence on vague grounds.

Among the signs, there are some which may be called conjectural—such as certain circumstances which may be looked upon as giving rise to hydrocephalus: for example, serous infiltration of the cellular membrane in the mother, during pregnancy, or a very large quantity of liquor amnii. We may also mention an hereditary disposition—for instance, if the woman has already given birth to one or more children labouring under this kind of dropsy; if she has herself a large and prominent forehead; if she is of a lymphatic temperament, and disposed to anasarca; we may then apprehend that all her offspring will be hydrocephalic. These, however, after all, are merely conjectural; and it is to the sensible signs—those afforded by the touch, that we must trust.

A surface which is large and little convex—which covers all the points of the superior isthmus, without however passing into it—a consistence which varies at different points, but which always presents resistance during the pains—softness, or even fluctuation, produced by the finger during the intervals: these are what is first perceived. By proceeding regularly, portions of the bones may be felt separated by membranous interstices, and the fontanelle—sometimes as large as the palm of the hand. If any other part than the vertex has presented, so that the head is only accessible at its base, the separation of the bones will be much less, but still will be easily appreciable. Such is the description of an hydrocephalus which is considerable; and the same marks measured by a smaller scale will also detect an instance of the affection proportionally less; but the head being then more convex, will also be less soft, and will protrude more into the pelvis.

We have pointed out in the pre-

ceding part the characters of an infiltration external to the cranium: we may mention, with regard to sanguineous infiltrations, that clammy softness which retains the impression of the finger, and which will be sufficient to prevent any risk of these being confounded with hydrocephalus. The head of a healthy foetus is possessed, even when large, of a density of the bones, and narrowness of the fontanelles, which admits not of mistake. Sometimes a softness of the parietals is met with, which might give rise to error: this softness depends upon imperfect ossification of their inner and posterior part—there they are often very thin, pierced by spaces not yet ossified, and easily broken even by the process of labour: they yield to pressure with a crepitation like that of dry parchment, and spring up again in the same way. This last character is pathognomonic: once, however, I saw this region of the skull absolutely membranous, to the extent of an inch and a half in every direction; but the neighbouring bones did not yield to pressure in the same way as those of an hydrocephalic child, and the sutures had their accustomed arrangement.

I shall here also mention another source of error. It is an unnatural direction of the foetus, in which the trunk is directed towards the loins of the mother, and the head rests above the pubes. This constitutes the *posterior obliquity*, denied by Baudelocque and others. The axis of the foetus, far from being parallel to that of the superior isthmus, crosses it at an acute angle, and the head rests above, propped upon the anterior part of its circumference. The elevation of the head, and its immobility, notwithstanding the uterine contractions, and the natural dimensions of the pelvis, may the more readily lead to deception, as we cannot reach the vertex with the point of the finger without difficulty, and can scarcely measure its size by the ordinary process of the touch. But only to speak of the most important signs—this very elevation, and the hollow which remains between the head and the sacro-vertebral angle (which is easily discovered), are quite sufficient for the diagnosis.

The indications do not depend merely upon the size of the head, which we never can ascertain with precision—

they must also be guided by its flexibility—the disposition it evinces to enter the pelvis. A head of moderate size, soft and flexible, a vigorous mother, and contractile uterus, are circumstances which would lead the practitioner to trust to the spontaneous termination of the labour; but if the head advance slowly—if the woman be weak and exhausted—the forceps may be employed with advantage. The branches applied to the sides of the pelvis must be brought together with caution, and the accoucheur must pull very gently, lest he should produce laceration, or have the instrument lose its hold. If the infant presents the shoulder, and the head be disengaged, and appears of middling size, turning is indicated. The extraction of the head, if the child be living, may be assisted by introducing the fingers into the mouth, and even by the application of the forceps: if it be dead, this will be known, because the trunk will have been already extracted, and we can then act without reserve, perforating the cranium, or applying the sharp crochet; but if the ordinary perforator cannot be introduced either by the fontanelle or the occipital foramen, the *terebellum* (which I have proposed in cases of deformed pelvis) will pierce through the bone itself.

If the death of the foetus could be ascertained with equal certainty when the vertex presented, the perforation of the cranium would still be applicable; but is it the same where the vertex presents, or the child has been extracted as far as the shoulders, and there exists a certainty, or at least a strong probability, of the contrary, the head being such that neither the forceps nor hand can effect its extraction? The hydrocephalic patient, it is said, will perish a few moments after its birth; it may, therefore, be destroyed to save the mother. But even in admitting this supposition, and considering the infant as the destroyer of the mother, does it rest with us to take away its life? We may, I think, be permitted to doubt this.

After it is punctured, the head often passes on from the mere efforts of the uterus; but, if assistance be required, it may be derived from the forceps, turning, or the blunt crochet; but these manipulations do not come within the scope of the present discussion.

A young and robust woman gave birth, on the 23d November, 1819, at the full

period of her third pregnancy, to an infant which was dead and hydrocephalic. This disease had been ascertained during the labour; but as the head made progress, although slowly, it was not deemed necessary to have recourse to any operation. It was not till twenty-four hours after the commencement of the pains that the delivery was completed. The mother did well. The child weighed altogether seven pounds ten ounces; the serum contained in the head rather more than thirty ounces. It was reddish and turbid, contained as usual within the ventricles, the parietes of which were very much attenuated. The head had the following dimensions: occipito-mental diameter, 6 inches, ten lines; occipito-frontal, 6 inches, 8 lines; biparietal, 4 inches, 11 lines*. I need scarcely remark that a head so voluminous as the above could not have been spontaneously delivered except from the assistance afforded by its flexibility.

A woman of strong constitution, aged 24, had rather a distressing pregnancy. Labour commenced on the 3d of March, 1824, and the membranes ruptured at five o'clock in the evening. The head remained above the superior strait, although the dilatation was complete. The pains ceased soon after, and, not having returned at eleven next morning, Madame Legrand directed one of her assistants to turn the child and terminate the delivery. On introducing the hand, she found the face of the child to the left and behind. She then laid hold of the left foot, and being unable to find the other, contented herself with proceeding methodically with the one she had reached. The delivery was readily effected of all the foetus, excepting the head. This, however, resisted every effort: the forceps slipped over it, the blunt crochet was of no avail, and it was soon perceived that the child no longer exhibited any signs of life. In an hour after, M. Dubois made fresh attempts to effect the delivery, with the same instruments, but in vain. He then took a sharp crochet, and pierced the left side of the head, near the mastoid fontanelle: immediately a serous fluid escaped in abundance; the head was extracted, and it was discovered that it had been distended by a dropsical effusion. This case affords a striking illustration of the disposition which some women have to give birth to hy-

* French admeasurement.

drocephalic children—both the instances above related having occurred in the same individual.

Dropsy of other Parts of the Body.

Hydrocephalus does not always distend the whole head equally, but sometimes forms irregular tumors, which, however, on account of their softness, rarely present any obstacle to delivery. Ascites, still more uncommon than hydrocephalus, and water in the chest, yet rarer than either, do not necessarily prevent the child from being delivered either spontaneously, as I once saw, or with a little assistance. Indeed drop-sical children are generally born before the full period. The infant above alluded to was born at the eighth month; one mentioned by Ramsbotham at seven months, and another by Portal, at the same period. A very large quantity of liquor amnii, and ascites on the part of the mother, may be causes of, and consequently conjectural signs of dropsy of the foetus; but the truth cannot be ascertained in a satisfactory manner, until the expulsion of some part of the body has taken place: retained then by the enlargement of the abdomen, or thorax, it is arrested, and the accoucheur finds the pelvis filled by a large soft fluctuating tumor, which is easily evacuated by puncturing it with a trocar. The delivery will not fail to take place without difficulty, and unassisted by the operations recommended by various writers.

I shall only add one word with regard to those harder steatomatous tumors which may interrupt the progress of labour. They will often yield to pulling; and thus to remove them, if possible, or to empty them, if they contain a fluid, but always with the greatest possible tenderness towards the infant, if yet alive, are the only general directions which can be given.

Multiplication of Parts in the Fœtus.

Baudelocque has justly observed that it is extremely difficult to recognize the true state of matters under such circumstances. We shall, therefore, only give, in this paragraph, some of the signs by which the presence of twins may be distinguished from that of a double foetus. Before the labour, the division of the belly into two lobes, the movements felt by the mother in two very different places; the beating

of two hearts, heard at a great distance from each other, by means of the stethoscope, but with some variety in the situation; these are the marks rather of twins than a double child—unless, indeed, as in the case related by Walter, the uterus contains both twins and a double monster. If, when the labour has begun, we perceive two membranous bags, and the waters come away at two different times, the presence of twins may be looked upon as certain, for there are never two distinct envelopes for a double monster, and very seldom are natural twins contained in one. If one or both feet come down with the head, and if they are extracted by gentle pulling, without the head having a tendency to ascend, then we may be sure that there are two separate children; for a monster is never formed of two individuals, so placed as to have the head of the one by the feet of the other. But if several members present at once, it is only by carrying the hand into the uterus that it is possible to ascertain whether the individuals to whom they belong be joined together or separate.

The facility with which the natural efforts, either alone, or assisted even by persons of little skill, effect the delivery of monsters of the most disadvantageous formation, with regard to the mechanism of the parts, has always excited the astonishment of accoucheurs. The chief impediment is presented by the existence of two heads; and we shall briefly consider the cases where, along with this, the trunk also is double, and those in which it is single. If the two heads come down first, can the delivery be spontaneously effected? I think not, unless they are either very small, or have little consistence. It may be accomplished, however, if two foetuses are loosely united, so as not to be always exactly parallel, but to present the parts successively instead of simultaneously. The direction of the foetus, according to the axis of the superior isthmus, causes the head which is situated anteriorly to be likewise the inferior, and it is engaged in the pelvis while the other is kept back by the sacro-vertebral angle. The first head, as it advances, may be followed by the second, if small and soft, and the delivery be thus accomplished. But if the heads are both large, the second will, as it were, turn over the sacro-vertebral angle, and thus oppose the delivery.

It does not, however, happen thus if the feet or buttocks present; then the trunk, whether single or double, is expelled; after this the head, which is placed posteriorly, being the lower, (in consequence of the direction of the fœtus, which is then parallel to the inferior isthmus) becomes first engaged, and is afterwards followed by the other, the whole process being unattended with difficulty.

As to the monsters united by the vertex or occiput, they would offer no real difficulty unless the two heads presented at once. In this case, if the adhesions were sufficiently loose, they would follow the same course as in the preceding instance, but if the feet of one presented the other would follow without difficulty.

As to monsters united by the breech, the point of union is never sufficiently flexible to admit of a double presentation, the two trunks being connected in a direct line, so that they can only advance by one of the heads, and the birth is then effected without difficulty.

ON THE MECHANISM OF THE ACT OF VOMITING.

BY MARSHALL HALL, M.D. F.R.S.E. &c.

Two opinions have divided physiologists respecting the nature of the act of vomiting. It was originally and long thought that this act consisted simply in a sudden and forcible contraction of the stomach itself. Afterwards Bayle and Chirac, and more recently M. Magendie, considered that the stomach is inactive, and evacuated by being subjected to pressure by the simultaneous contraction of the diaphragm and abdominal muscles.

It appears to me that neither of these opinions is correct. M. Magendie distinctly proves, by actual observation, and by the substitution of a bladder in the place of the stomach, that the contraction of this organ is not usually subservient or necessary to the act of vomiting. I refer to the interesting paper* of that eminent physiologist for the more full elucidation of this first question. I proceed to state such observations as appear to me to controvert the

second, and to establish that view of this subject which I have myself been led to adopt.

It is obvious that, if vomiting were effected by a contraction of the diaphragm, it must be attended by inspiration. If this were the case, the fluids ejected from the stomach would be drawn into the larynx, and induce great irritation, events which are not observed. These events are, indeed, effectually prevented by an accurate closure of the larynx, a fact observed in an actual experiment by M. Magendie, who makes the following observation:—"Dans le vomissement, au moment où les matières vomies traversent la pharynx, la glotte se ferme très-exactement." It is astonishing that this observation did not lead its acute author to see that, under such circumstances, a contraction of the diaphragm, unless the thorax followed precisely *pari passu*, was impossible.

Complete vomiting has been observed, too, in cases in which the stomach had entirely passed through a wound of the diaphragm into the thorax, and in which it could not, consequently, be subjected to the action of that muscle. In some experiments, vomiting was observed also to take place, although the diaphragm had been paralyzed by a division of the phrenic nerves, or its influence subtracted by a division of its anterior attachments.

This view of the subject is still further confirmed by facts, which I now proceed to state, which prove that the act of vomiting is an effort, not of inspiration, but of expiration. This is obvious enough, indeed, on a mere observation of the state of the thorax and abdomen during vomiting. The larynx is evidently abruptly and forcibly closed, the thorax drawn downwards, and the abdomen inwards.

Such, indeed, appears to me to be the precise nature of the act of vomiting, in ordinary circumstances. The contents of the thorax and abdomen are subjected to the sudden and almost spasmodic contraction of all the muscles of expiration, the larynx being closed so that no air can escape from the chest, and the two cavities being made one by the floating or inert condition of the diaphragm. The mere mechanism of the act of vomiting differs little, therefore, from that of coughing, by which, indeed, the contents of the stomach are frequently expelled: the larynx, in the

* *Memoire sur le Vomissement*, par M. Magendie. A Paris, 1813.

former, is, however, permanently—in the latter, only momentarily—closed; and there is, doubtless, a different condition of the cardiac orifice and of the œsophagus.

It appeared to me, from these views of this subject, that, if an opening were made into the trachea, or through the parietes of the thorax, the effort of expiration constituting the act of vomiting would issue in expelling the air through these orifices respectively, and the evacuation of the stomach would be prevented; and I determined to submit the fact to the test of experiment. I took a little dog, made an ample opening into the windpipe, and gave a few grains of the sub-sulphate of mercury. The animal soon became sick. The first efforts to vomit induced a forcible expulsion of air through the orifice in the trachea. These efforts soon became very violent, however, and the stomach at length yielded a part of its contents. It was perfectly evident that the violent contractions of the abdominal muscles pressed upon the viscera of the abdomen so as to carry the diaphragm upwards to its fullest extent, and that at this moment vomiting was effected. The act of expiration was so forcible, that a lighted candle placed near the tracheal orifice was several times extinguished. In a second experiment, a free opening was made into the thorax between the sixth and seventh ribs of the right side. The lung collapsed partially only. During the first efforts to vomit, air was forcibly expelled through this orifice, the lung was brought almost into contact with it; the stomach was not evacuated. But as the efforts to vomit became extreme, a portion of lung was driven through the thoracic opening with violence and a sort of explosion, and at the same instant the stomach yielded its contents. These experiments appear to admit only of one explanation, of one conclusion,—that the act of vomiting is a forcible expiratory effort, the larynx being firmly closed, and the diaphragm perfectly inert.

It must be regarded as singular that M. Bourdon, by whom the action of the expiratory muscles, in their various “efforts,” has been so well investigated, should have adopted other views of the act of vomiting.

It is not intended to state that the act of vomiting is simply such as I have de-

scribed. There are many facts which appear to shew that the œsophagus is not without its share of influence in this act, and it is plain that the cardiac orifice must be freely opened; for mere pressure upon the viscera of the abdomen will not, in ordinary circumstances, evacuate the contents of the stomach. To effect this open state of the cardiac orifice, it is probably necessary that the diaphragm should, indeed, be in a relaxed rather than in a contracted state.

A singular and interesting fact was noticed by M. Magendie, of which he has not given any explanation. During the state of nausea which preceded the act of vomiting, in some of his experiments, air was drawn into the stomach. I am disposed to think that this effect was produced in the following manner: the larynx being closed preparatorily to the act of vomiting, an attempt at inspiration is made before the effort of expiration. In this attempt, air is drawn into the œsophagus, the larynx being impervious, and it is afterwards probably propelled along that canal into the stomach itself. It is not improbable, too, that, in some instances of vomiting, in which the action of the abdominal muscles was subtracted, a similar effort of inspiration has drawn substances from the stomach into the œsophagus, which has eventually expelled them by an inverted action. Neither of these phenomena could result from any action of the diaphragm, and much less from contraction of the abdominal muscles. But it is easy, by closing the larynx and attempting to inspire, to draw air into the œsophagus. A similar act, if very forcible, might draw a portion of the contents of the stomach through the cardiac orifice.

Such, then, appears to be the nature of the act of vomiting. How different is this act from one in which the diaphragm does, indeed, contract suddenly, under similar circumstances of closure of the larynx;—viz. singultus: the action of the diaphragm being an effort of inspiration, air is apt to be drawn into the œsophagus with considerable noise; and there is occasionally pain, not only about the insertions of the diaphragm, but about the closed larynx.

Quart. Journ. of Science,
June 1828.

STRANGULATED HERNIA.

To the Editor of the London Medical Gazette.

SIR,

IMPRESSED as I am with the importance of recording all facts which tend to put in a stronger light the curative powers of surgery, I make no apology for sending you the following case of recovery after the operation for strangulated hernia, performed at a very advanced period of incarceration.

On the night of the 5th of June, I was requested by my friend, Dr. Alderson, to see a poor woman, named Mary Cook, who was suffering from strangulated hernia. The circumstances of the case were as follow:—The patient was 40 years of age, and had been about five years the subject of femoral hernia, for which she had worn a truss, having always been able to return the protruded parts, with the exception of a portion of omentum, which had constantly remained down.

On the morning of the 1st of June (87 hours before I saw her), a portion of intestine was thrust down in the act of coughing. From that time she had suffered very severe pain—at first in the tumor, and subsequently in the whole abdomen, with constipation, for the relief of which she had taken three powerful doses of cathartic medicine; but had carefully concealed from those about her the cause of her distress, from an apprehension of being sent to an hospital, until she believed herself to be dying.

When I saw her, she had been for some hours vomiting stercoraceous matter; her pulse was contracted, her skin clammy, and her countenance expressive of much anxiety. There was great tenderness of the whole abdomen, especially about the umbilicus; but the tumor was not so tender as it had been some hours before.

The symptoms I have described would have led me to believe that sphacelus had taken place, had I not been induced to entertain a contrary opinion by the extreme tension of the tumor, a diagnostic of which repeated experience has taught me the value.

As it was obvious that the operation afforded the only prospect of relief, I proposed that it should be immediately

performed: to this she very reluctantly consented.

The sac contained a very small quantity of fluid, tinged with blood. A small portion of omentum, somewhat thickened, was firmly adherent to the sac. On its inner side was a small knuckle of ileum, very closely resembling a tamarind-stone in colour, so firmly girt by Gimbernat's ligament, that I could not insinuate my nail between them. Having with much difficulty introduced the probe-point of a bistoury between the intestine and the ligament, I divided the latter to a sufficient extent to admit of the reduction of the intestine: the omentum, on account of its firm adhesions, I left in the sac, and brought the edges of the wound together by a suture and adhesive plaister. The patient vomited shortly after the operation. Dr. Alderson agreed with me in directing that she should take nothing till the morning, except some tea, if she desired it.

On the following morning I found the patient much relieved. She had had several stools, and the sickness had ceased. She complained of much pain in the abdomen, and her pulse was hard and full.

V. S. ad \mathfrak{z} xviii. Hirudines xxiv. abdom.
R Hydrarg. Submur. gr. ii. Opii gr. ss.
4tis horis.
Haust. Salin. c. Magnes. Sulph. 3j. 4tis horis.

In the evening she was again bled to \mathfrak{z} xii.

On the evening of the 7th the patient was seized with vomiting; therefore, as the bowels had not been moved on the preceding day, she was ordered an enema, composed of gruel, with ol. terebinthinæ \mathfrak{z} j.; and a very large blister was applied to the abdomen. The opium was omitted, and pulv. antimon. gr. iii. combined with the calomel.

It is needless to detail further the treatment that was pursued; suffice it to say, that on the 9th, the patient's mouth being very sore, the mercury was discontinued; that the bowels were very slow in regaining their healthy condition; but that in rather more than three weeks from the time of the operation, the portion of omentum contained in the sac having sloughed off, the wound had entirely healed, and the patient remained with no other complaint than some degree of dyspnœa, together with

palpitation of the heart, and occasional distressing pulsation in the upper part of the abdomen, to which she had for some years past been subject.

I have the honour to be,

Sir,

Your very obedient servant,

JOHN G. PERRY.

6, Great James-Street, Bedford-Row,
15th July, 1828.

TREATMENT OF PHLEBITIS.

To the Editor of the London Medical Gazette.

SIR,

PERMIT me, through the medium of your useful and excellent Journal, to offer a few remarks on the case of venesection recorded in your 31st number, which terminated fatally.

Having, during the course of a long practice, seen several similar cases, and one particularly severe not long since, all of which terminated favourably, I cannot consider the plan of treatment adopted at St. George's Hospital a very judicious one. In the first place, leeches in such cases do not remove the inflammation, but appear to me to add to the irritation. The incision, also, I consider not only useless but injurious. Well conducted fomentations, from the wrist to the shoulder, under the actual direction of the surgeon himself; and large poultices of linseed-meal, covering the whole limb, renewed twice in 24 hours; gentle aperients and opiates—will generally lead to a successful issue.

Such large doses of calomel cannot be vindicated, as there is, for the most part, in such cases, a tendency to debility. The other medicines prescribed in this case were strange indeed! Why give scammony? and why mix acetate of potash with liq. ammon. acet.? and to remove vomiting, half a drachm of Pulv. Trag. c., two drachms of syr. Alth. a scruple of magnesia, in one ounce of fluid? Surely such a horrid compound would excite, rather than remove, vomiting. Why was not the saline draught, in a state of effervescence, given, with small doses of tinct. opii?

I remain, Sir,

Your constant reader,

R. T.

July 7th, 1828.

SUPPLY OF WATER IN THE METROPOLIS.

Report of the Commissioners appointed by His Majesty to inquire into the State of the Supply of Water in the Metropolis.

* * * * *

IN investigating the supply of water in respect to quantity, we proceeded, in the first instance, to collect the requisite information as to the powers and resources of the different water companies upon the north side of the Thames; first procuring evidence from the companies themselves as to the extent and facilities of their supplies, and afterwards checking such evidence by collateral testimony from other witnesses, and occasionally by personal examination into the facts.

The supply of this, the most extensive portion of the metropolis, is dependant upon five companies, which, arranged in the order of the number of tenants they serve, and nearly in that of the quantity of water which they respectively furnish, stand as follow:—

The New River,
The East London,
The West Middlesex,
The Chelsea, and
The Grand Junction Companies.

Of these companies, the New River derives its principal supplies of water from a spring at Chadwell, between Hertford and Ware, and about twenty-one miles north of London; and also from an arm of the river Lea, the source of which is near the Chadwell spring, in the proportion of about two-thirds from the former, and one-third from the latter. These united waters are conducted by an artificial channel nearly forty miles in length, to four reservoirs, called the New River Head, at Clerkenwell; proper means being adopted to prevent the ingress of fish and weeds, and such arrangements being made in respect to the mains as to prevent interruption of service in case of repairs. Since, however, the abandonment of the London bridge, and of the York Buildings water-works, whose former districts are now supplied by the New River Company, they have found it advisable to erect an engine at Broken Wharf, Thames-Street, by which they are enabled occasionally to supply parts of their district with Thames water,

when, from long-continued droughts, severe frosts, or other accidental causes, the flow of the New River is impeded. It appears, however, that the quantity of Thames water thus supplied bears a very trifling proportion to the other source, the engine at Broken Wharf having been worked for seventy-six hours only, in January and February of last year, and for one hundred hours during the drought of July and August. The number of tenants supplied by the New River Company is between 66,000 and 67,000, and the quantity of water which is daily supplied exceeds 13,000,000 gallons, being about 2,000,000 cubic feet.

The East London water-works are situated at Old Ford, on the river Lea; but as the tide of the Thames flows up that river to the extent of a mile beyond the works, and as their supplies are taken during the ascending tide, the description of water thus furnished will closely approximate to that of the Thames. This company has four reservoirs; the number of tenants supplied amounts to about 42,000, and the daily consumption of water to nearly 6,000,000 gallons, or about 950,000 cubic feet.

The West Middlesex water-works are upon the banks of the Thames, at the upper end of Hammersmith, and draw water exclusively from that river, opposite to the works. They have two reservoirs, one at Kensington and one at Little Primrose Hill, which are supplied by the engines at Hammersmith, and they serve about 15,000 tenants. The average daily consumption of water is 2,250,000 gallons, or about 360,000 cubic feet.

The Chelsea water-works are upon the banks of the river, about a quarter of a mile east of Chelsea Hospital; and their supplies are derived entirely from the Thames, opposite to their works. They have two reservoirs, one in Hyde Park, and one in the Green Park, close to Piccadilly. They supply about 12,400 houses; the average daily supply to the whole being about 1,760,000 gallons, or nearly 282,000 cubic feet.

The works of the Grand Junction Company are also at Chelsea, immediately adjacent to, and east of the Hospital. They derive the whole of their supply of water from the river Thames, with which they fill three reservoirs situated at Paddington; and from these their district is served. The number of

their tenants does not appear to exceed 7700; but their daily consumption of water is about 2,800,000 gallons, or upwards of 450,000 cubic feet.

It appears from this statement that the portion of the town upon the north side of the river Thames, including the cities of London and Westminster, is supplied daily with a quantity of water amounting to nearly 26,000,000 gallons, and that the total number of houses and buildings receiving this supply amounts to about 144,000. The water is, of course, very unequally distributed, the average consumption in each house being apparently greatest in the district supplied by the Grand Junction company, where it amounts to about 363 gallons daily per house. Taking the average of the whole supply, the daily consumption of each house is about 180 gallons. Of this water, more than one half of which is derived from the Thames, a large portion is delivered at very considerable elevations above the level of the river, constituting what is called high service; for which purpose fifteen steam-engines are employed, exerting a power of about 1105 horses.

It is obvious, from the above statement, that the quantity of water supplied in London and Westminster is abundant; and in our examinations of individuals touching the quality of the water, we have in no instance met with complaints of deficiency in quantity. We have reason to believe that the hospitals, workhouses, and other similar establishments, where an abundance of water is an essential requisite, are in all cases duly supplied; and upon the important subject of supply in case of fire, our evidence leads us to believe that of late it has always been ample, and that when not immediately procured, the fault has lain with the turncocks; for among other advantages of the reservoirs annexed to the works upon the Middlesex side of the river, is that of having at command a large head of water, by which the mains are kept full, and in many districts are under considerable pressure. The supply of a large quantity of water upon any sudden emergency is thus ensured; and among other great advantages arising out of the substitution of iron for wooden mains, is that of their sustaining the pressure of a column of water which it would have been impossible,

in the former state of the works, to have commanded.

As far, therefore, as regards the description and quantity of water supplied to the cities of London and Westminster, it appears that more than half the consumption is derived from the Thames, and that it is in such abundance as not only to supply all necessary demands upon ordinary and extraordinary occasions, but that a proportion is constantly suffered to run to waste, by which the cleansing of the drains of houses and of the common sewers is effectually accomplished, all accumulations of filth obviated, and the general healthiness of the metropolis promoted.

We next proceeded to examine into the supply of water to those parts of the metropolis situated upon the south side of the river, including the Borough of Southwark. We found that they are dependant upon three establishments, known as

The Lambeth,

The South London, and

The Southwark water-works.

The first of these is upon the banks of the Thames, between Westminster and Waterloo Bridges, drawing its supplies from the river immediately opposite to the works. They have no reservoir, the water being forced immediately from the river into the mains, and thence distributed to about 16,000 tenants, who consume 1,244,000 gallons daily, or nearly 200,000 cubic feet.

The Vauxhall, or South London water-works, are situated in Kennington Lane, and have also an engine on the river at the foot of Vauxhall Bridge. They supply Thames water exclusively, and have reservoirs for the service of their upper engine. The number of their tenants is about 10,000, and the daily consumption of water about 1,000,000 of gallons, or about 160,000 cubic feet.

The Southwark water-works are upon the bank of the river, between Southwark and London Bridges, and derive the whole of their water from the middle of the river opposite to their engines. It appears that about 7000 tenants are supplied, by this establishment, with about 720,000 gallons of water, or 115,000 cubic feet daily.

Each of these establishments has two engines,—the aggregate power of the six may be estimated at about 235 horses. The whole of the water which

they supply amounts to nearly 3,000,000 gallons, or 485,000 cubic feet daily, which is distributed among 33,000 tenants.

There appear to me no just complaints respecting the quantity of water furnished by any of these companies, except in cases of fire, when there has occasionally been a serious deficiency. We have inquired into the causes of this, and are induced to refer it to the want of proper reservoirs for preserving a head of water upon the mains when the engines are not working. On these occasions much time is often lost in sending to the engine of the district, and if the steam be not up, and the fire low, further and fatal delay sometimes occurs.

In reference to the total amount of the quantity of water required for the daily supply of the inhabitants of the metropolis, and for the use of the various manufactories requiring it, it appears to be about 29,000,000 gallons, or 4,650,000 cubic feet.

We next directed our attention to such facts respecting the quality and salubrity of the water with which the inhabitants of London are supplied, as were in our judgment best calculated to enable us to form a correct and unprejudiced opinion upon this important question. Being a question, however, in which the interests of a great number of individuals and public bodies are deeply involved, and which has been the subject of acrimonious controversy, and also respecting which a variety of representations had gone forth to the public, we perceived that it would necessarily embrace a multitude of considerations of a delicate and complicated nature. We felt it to be our duty, therefore, to begin by dismissing from our minds whatever previous impressions might have been received from the reports and statements which had been circulated, and to be guided in our judgment solely by the evidence we should be enabled to obtain in the execution of our commission.

In our remarks upon this evidence, we shall first confine ourselves to the water of the River Thames.

Assuming the supplies to be derived directly from the river, and to be subjected to no intermediate process tending to purification, it is sufficiently obvious that the state of the weather will

materially affect the purity of the water, which is sometimes comparatively clean and clear, and at others loaded with various matters, in mechanical suspension, rendering it more or less coloured and turbid. In the latter state, when thrown into cisterns, and other receptacles of houses, it is manifestly unfit for immediate use; but after being allowed to rest, it forms a certain quantity of deposit, and thus may become sufficiently clear for ordinary purposes. This deposit, however, is the source of several evils: it renders the cisterns foul, and runs off into those pipes which issue from or near the bottom of the reservoirs. By the agitation which accompanies every fresh influx of water, this deposit is constantly stirred up, and becomes a renewed source of contamination to the whole mass; and although chiefly consisting of earthy substances in a state of minute division, it is apt also to contain such proportion of organic matters as will occasion a degree of putrefaction when collected in any quantity, and especially in warm weather. Of this deposit, more or less is almost always collected, especially where the service is direct from the river; and although some of the companies have reservoirs of such magnitude as to enable them to serve water already partially purified by deposition, the system is still very imperfect, and the water is frequently supplied in a turbid state. In other cases, the companies' reservoirs, however eminently useful in cases of fire, become objectionable in regard to the purity of the water, since the mud accumulates in them, and also proportionately in the mains and branch pipes.

By far the greater number of complaints which have been made to us with respect to the quality of the water have originated in the cause just alluded to; and hence some of the companies have attempted to get over the difficulty by suffering the water to remain at rest for a sufficient time to become clear before the public are supplied, and in this they have, in some instances, so far succeeded as materially to improve their service. When, however, from land floods or other causes, the river is very thick, they cannot allow due time for such subsidence; and even when most perfectly performed, the insects contained in the water, so far from being got rid of, become, perhaps, even more

numerous. This is another just cause of complaint in regard to the water, especially in hot seasons.

To obtain an effectual supply of clear water, free from insects and all suspended matters, we have taken into consideration various plans for filtering the river water through beds of sand and other materials; and considering this, on many accounts, as a very important object, we are glad to find that it is perfectly possible to filter the whole supply, and this within such limits in point of expense as that no serious objection can be urged against the plan on that score, and with such rapidity as not to interfere with the regularity of service.

It must, however, be recollected, that insects and suspended impurities only are separated by filtration, and that, whatever substances may be employed in the construction of filtering beds, the purity of the water, as dependant upon matters held in a state of solution, cannot be improved by any practical modification of the process. If, therefore, it can be shown that water taken from the parts of the river whence the companies draw their supplies, either is, or is likely to be, contaminated by substances dissolved, or chemically combined, it will follow that the most perfect system of filtering can effect only a partial purification.

From the commencement of our inquiries we have bestowed considerable attention upon this subject, and have endeavoured to obtain accurate information respecting it. But on examining such analyses of the water as had already been made, and were communicated by the companies, as well as by several individuals of high authority on these matters, we found them to be so far at variance with each other as to prevent our drawing from them satisfactory conclusions. We, therefore, devised a more regular plan of procedure, which we conceived would be better suited to the particular objects of our present inquiry. After all the preparations for that purpose were completed, the occurrence of a heavy fall of snow, the effects of which on the water of the river would have introduced uncertainty in the results, induced us to defer for a time the execution of our plan. We waited till the river had returned to what may be regarded as its average state, and under these circumstances,

directed portions of water to be taken, under the personal inspection of our secretary, from different parts of the river at different times of the tide, and especially from those parts whence the companies draw their water; and also from situations higher up the river, where its quality can in no degree be influenced by the tide. With the view of comparing the state of the Thames water at London under different circumstances, we subsequently procured specimens from several parts of the river after an abundant fall of rain; and also others from places where it had been represented to us as particularly charged with impurities. A popular notion having prevailed that the water in the London Dock possessed peculiarly deleterious qualities, from an impregnation of copper derived from the bottoms of the ships, we likewise obtained, with a view to inquire into the truth of this opinion, portions of water from the dock, taken at three different depths from the surface.

[To be continued.]

DUTIES OF APPRENTICES.

To the Editor of the London Medical Gazette.

SIR,

HAVING only lately commenced the study of medicine, I would wish to know if it is considered to be a part of the duty of a medical apprentice, (who has paid a liberal premium, and consequently expects to be liberally treated) to go about amongst the poorer patients to collect bad debts?

I observed in a former Number of the Gazette, (13), that one of your correspondents had very kindly taken up the cause of medical apprentices.

Speaking of the manner in which professional apprenticeships are too frequently conducted, he says:—

“A dispassionate and thorough investigation cannot fail to be beneficial; and it is earnestly to be hoped that some who are competent will undertake it, and favour the profession with their views, through the medium of your Journal.”

It is to be regretted that no one has (at least hitherto) attended to this suggestion, which if acted on would, in my humble opinion, be productive of much

good; but I sincerely hope that the time is not far distant when the present degrading condition of the medical apprentice, compared with that of the junior members of other professions, will be in some measure ameliorated, if not altogether changed. Hoping that you will excuse the liberty I have taken in intruding this upon your notice, I have the honour to remain,

Sir,

Your obliged and obedient servant,

ADOLESCENS.

London, July 21st, 1828.

MEDICAL GAZETTE.

Saturday, August 2, 1828.

— “Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

MASTERS AND APPRENTICES.

THE present system of medical apprenticeship has frequently been represented as a mark of degradation, as well as a needless waste of time. In a former article (see Vol. I. page 59) we fully expressed our opinion on this subject; but as the system *does* exist, and is sanctioned by the authority of the law, it may not be altogether useless to devote some share of our attention to the relative duties of masters and apprentices in that department of the profession to which the term is now exclusively restricted—we mean the apothecary. There is a good deal in a name, and we cannot help lamenting that in any scientific pursuit a word connected with the lowest and most mechanical employments should be applied to any one connected with a liberal profession.

If, indeed, the apothecary of the present day were to confine himself merely to the compounding and retailing of simples, as was formerly the case in our own country, and is still practised in

many parts of the Continent of Europe, little objection could, perhaps, fairly be made to the appellation; but as the apothecary now is, *by law*, required to be an educated man; and as, by universal consent, and constant practice, he has for a long period been the person upon whom many rely entirely for advice in all diseases, and under every assault of bodily infirmity,—it is to be lamented that a name should be retained which assimilates the professional aspirant to the apprentice of the lowest trade. This may appear fastidious to some; but let it be remembered that our great bard, who knew human nature thoroughly, has, upon more than one occasion, expressed his opinion of the influence, and, consequently, the importance of a name.

Leaving this speculation, however, and turning to the realities of life, it appears that every youth destined to become what is called “a general practitioner,” is obliged to undergo the ordeal of an apprenticeship: the period formerly of seven years is now reduced to five, and of this one, or sometimes two years, are spent, and profitably spent, away from his master’s house, in acquiring medical knowledge. Most apprentices pay for this term of years a sum varying from one to three hundred pounds (we put out of the question all those who, from relationship, or motives of friendship, take an apprentice without a fee), and for this sum the master engages to provide the youth with board and lodging, and to *teach*, or *cause him to be taught*, those branches of the medical profession which he himself practises; the apprentice, on his part, covenanting to maintain a strictly moral conduct, and to perform all his master’s lawful commands.

Such being the conditions on both sides, in what manner are they usually fulfilled? and on whose side is the en-

gagement usually broken? We do not hesitate to say that it is the master who most commonly fails to complete his part of the covenant. Does he teach the youth, or cause him to be taught, in the majority of instances? No. He puts him behind his counter, he *teaches* him, perhaps, in a few weeks, to compound the common formulæ, and if he has an extensive practice, the youth will have little time to do more than mix up the medicines prescribed, fill the phials, roll them up nicely in their coloured papers, direct them neatly, and then, perhaps, assist in carrying them about. But is this all that he will be required to do? Oh, no! perhaps he may be employed to collect bad debts (like our correspondent Adolescents)—perhaps he may carry orders to his master’s druggist, or he may be occasionally sent in the evening to some of the poorer patients, to enquire into their condition, without at all understanding the nature of the case, and still less the line of practice which ought to be pursued.

Let not this picture be considered as too highly coloured: it is a notorious truth that a great majority of apprentices quit their master’s service with little other knowledge than that of compounding prescriptions; their acquaintance with latin imperfect and slovenly, their general acquirements neglected, and all the ornamental parts of their education forgotten. But they have, to use the common language, served their “time,” and passed their period of five years, profitably to their masters at least, if not to themselves. Fortunately there are exceptions to this description; and those exceptions point out what ought to be the conduct of masters universally, who, feeling anxious to do their duty by their apprentices, also feel that their own reputation is, in some degree, involved in the future success or failure of their pupils. Such

a master will consider, before he takes an apprentice, not merely the amount of the premium, but also whether the youth has previously received such an education as will enable him to study the higher branches of his profession with advantage to himself, and ultimately to his patients. He will not only ascertain that the youth possesses some classical attainments, but he will also take care that during the daily drudgery of the preliminary part of his education, such knowledge shall not be extinguished; he will direct his general and professional reading; he will take care, as far as lies in his power, that his associates are such as will exalt and improve his mind; he will afford him all opportunities of cultivating those auxiliary branches of education that tend to constitute the learned practitioner and accomplished gentleman; and then, at the termination of the five years, he will not only have to congratulate himself upon having acquitted himself of a solemn moral obligation, but he will also have acquired a friend. Nor will his interests suffer by so doing; every ingenuous youth so treated, will amply reward the pains bestowed; for surely that nature must be indeed corrupt, upon which such generous solicitude and parental kindness fails to make a due impression, and to excite a reciprocal desire to serve with fidelity and zeal.

It will, perhaps, be urged that it is unjust to lay all the blame of failure and ignorance upon the master; and, in some cases, it may be so: but when it is recollected how easily youth may be trained to any purpose, by gentle management—how eagerly they seek for knowledge—how ardent they are in feeling—and how sensitively alive to every generous impression, it will be readily granted that, *in general*, the fault is not theirs. What effect, then, upon such temperaments, must be produced by an association with menial servants, by imposing upon them

the duties of a shop-boy, or by sending them into the abodes of misery, to perform the office of a sheriff's officer? The answer is obvious. We are not sufficiently learned in the law to say whether such occupations are legal or not; but although they may possibly be understood to come within the *letter* of the indenture, they are undoubtedly opposed to its *spirit*—they are illiberal and unbecoming occupations for a youth who is educating for the profession of medicine; and they are, moreover, employments tending *solely* to the benefit of the master, without any equivalent advantage on the side of the apprentice; and, therefore, they must be wrong.

We could enlarge upon this topic almost *ad infinitum*. We could, if necessary, point out examples in support of every proposition we have advanced, but we shall at present rest contented with calling the serious attention of masters to the conditions to which they bind themselves when they take apprentices; and we moreover call upon them to reflect, that, upon their management in the first five and most precious years of such young man's career, will probably depend the success or failure of all the prospects of his future life.

NEW SERJEANT SURGEON.

SIR ASTLEY COOPER has been appointed Serjeant Surgeon to the King, in the room of the late Sir Patrick Macgregor. We presume there can be but one opinion with regard to the propriety of this selection.

LIGATURE OF THE COMMON ILIAC.

MR. CRAMPTON has recently tied the common iliac artery, in a case of aneurism affecting the external iliac.

IMPORTANT CAUTION TO THE FELLOWS OF THE COLLEGE OF PHYSICIANS.

DR. J. G. SMITH, in a correspondence

with Dr. Harrison, in the capacity of "a sort of organ of the INDEPENDENT PHYSICIANS of this metropolis," makes some observations which it is of importance that the Fellows of the College of Physicians should be made fully acquainted with. As, however, the Journal (the Lancet) in which the letters are published is not admitted into the College Library, and is not in particularly good odour among the Fellows, we think it right to give insertion to the following paragraph, as few of them might otherwise be aware of the INDEPENDENT method of treating their *corporation*.

"These gentlemen are now reduced to the following alternative (venturing their cause again in the hands of a jury being altogether out of the question): they must either obtain the powers they certainly do not possess, from the legislature, or refuse to meet those who disown their authority. It may save some estimable individuals from pain, and some amiable families from sorrow, if I declare it to be within the scope of my private knowledge, that if this unpardonable insult be repeated, there is a great probability of some GENTLEMEN taking the law into their own hands."

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

A Series of Observations on Strictures of the Urethra, with an account of a new method of Treatment, successfully adopted in cases of the most obstinate and aggravated form of that disease; illustrated by cases and a plate. By RICHARD A. STAFFORD, Member of the Royal College of Surgeons, and lately House-Surgeon to St. Bartholomew's Hospital.

THIS little work is intended to introduce to the general acquaintance of the profession, a mode of treatment for the worst forms of permanent stricture of the urethra—those that are rebellious to all milder methods of cure. The first half of the book is occupied with a description of spasmodic and permanent strictures, their

causes and method of treatment: we do not intend to give any extracts from this portion of our author's work, because, although it evinces a sufficient knowledge of the subject, there is nothing novel in the description of the affection or in the mode of treatment recommended. In the 4th chapter, however, Mr. Stafford begins to describe the plan of cure that may be called peculiarly his own, and after describing the difficulties that exist in the removal of the permanent stricture when met with in an aggravated form, he proceeds to discuss the merits of the application of caustic, the consequences of which he enumerates, such as false passages, hæmorrhage, inflammation, stranguary, &c.; he ends by reprobating that line of practice, however it may be modified, and then introduces to the reader his own proposal, namely, the division of the diseased part within the canal of the urethra. This description we give in his own words:—

"The instrument for operating on permeable strictures (which, for sake of distinction, I have called the double lancetted stilette,) consists of a round silver graduated sheath, open at both ends, of the size of No. 10 catheter, with rather a less curve, and of a stilette, which is also hollow, and open at both ends. This stilette is furnished, at one end of it, with two oblong lancets; and at the other with a handle, resembling a button. When the instrument is complete, the stilette fits into the sheath, so that by pushing the handle, the lancets will project from the extremity of the tube, and by drawing it back they will retire into it again. When used (the mode of doing which will be presently explained), the instrument is passed over a wire down to the stricture, and the lancets are thrust forward on each side of it, by which the contraction is made as large as the natural size of the urethra*. The armed stilette, intended to divide impermeable strictures, exactly resembles the one just described, excepting that, instead of the stilette being hollow it is solid, and in the place of two there is only one lancet.

* This handle has hitherto been formed like a button; but I have thought it would be of advantage to have it made like two rings, large enough to admit the finger and thumb, similar to the handle of a pair of scissors.

“ Before using the instruments, the exact distance of the stricture from the extremity of the urethra should be ascertained. In the armed catheter, which is intended to divide strictures over the wire, which serves as a guide, the wire must be introduced through the stricture first. The mode of accomplishing this is, by passing the smallest possible-sized catheter, made to contain the wire, into the bladder. The wire, which is double the length of the catheter, and blunted at one end, so that it may not injure the bladder, is then pushed forward, and the catheter gradually withdrawn, by which the former is left in the canal of the urethra. The armed catheter is then passed over the wire, until its point rests against the stricture (which is known by means of the graduation), and being held securely in such position, the handle of the stilette is pressed gently and gradually. As soon as any impression is made, the lancets should be allowed to retire into their sheath, and the blunt point of the instrument urged forward. If it do not pass on, the lancets may be again used as before. After the stricture is divided, the armed catheter should be withdrawn, and its place supplied by one of elastic gum of the same size. This should remain for a day or two, to prevent the re-union of the divided parts, and to preclude the possibility of extravasation of urine; and, on its removal, a bougie should be passed twice in the week, or as often as may be judged necessary, for some time; and the same treatment adopted as for stricture in general. The armed stilette, intended to divide impermeable strictures, must be used precisely in the same manner as the other, of course excepting the wire, which cannot be introduced; and the same directions for the after treatment are necessary for both.”

The operation sometimes produces slight inflammation, but that is readily overcome by adherence to an antiphlogistic regimen, and by the application of leeches to the perineum. Our author next proceeds to obviate the objection that this instrument may occasion a false passage, where the stricture is not at all permeable: he admits that this may be possible if the instrument is unskilfully managed, but it has been employed twelve times without the occurrence of this accident, which is the

best reply that can be made to such an objection. The work concludes with a detail of cases, to which we must refer the reader. We think Mr. Stafford's plan ingenious, and he has put it before the public very fairly and impartially, without any of that over-wrought enthusiasm and extravagant fondness which authors so frequently evince for their own peculiar plans or opinions.

Mr. Watson's Compendium of Diseases of the Eye.

To the Editor of the London Medical Gazette.

SIR,

I FEEL much obliged by your notice of my *Compendium of Diseases of the Eye*, inserted in No. 29 of your Gazette. It is far from my wish to have said any thing upon the subject, but it contains a statement of material importance, which I think requires a little explanation.

In your notice it is asserted—“there are some omissions which ought not to have been made. We find no notice of gonorrhœal ophthalmia.” This disease the reviewer might have found mentioned, with the other puriform ophthalmiæ, at page 34. Puriform ophthalmia is the same in its symptoms, in the parts which it affects, in its results, and requires the same treatment, whatever cause may have produced it. That form of it, therefore, which occasionally takes place from gonorrhœa, has not been described in my *Compendium* as a distinct disease. This remark also applies to the symptomatic ophthalmiæ of measles, small-pox, and erysipelas; as well as to the Egyptian and infantile purulent ophthalmiæ.

The same may be said of strumous ophthalmia, which, though not mentioned in the contents, is particularly described as an affection of the conjunctiva, at page 39.

It is further stated in your remarks, that the work contains “no description of syphilitic and arthritic iritis; and no notice of rheumatic ophthalmia.” All these would certainly be very heavy charges, indeed, being very important omissions, if they had been so. The above remarks on gonorrhœal ophthalmia apply equally to these. Though symptomatic affections, they cannot be considered, in a practical point of view,

as in any respect different from idiopathic iritis. The phenomena attending them are the same, and they require the same local treatment, together with the general constitutional remedies which the disease may require of which they are symptomatic. Thus I have described these affections at page 90.

As the plates illustrating my work seem to have induced you to look into it, I trust the plate now sent (which may not have been in your copy) will induce you to peruse some parts of it again.

Though the Compendium, having been said in the Preface to be "intended chiefly for the use of students," appears to have almost prevented you from looking into it, yet I hope you did not find it so entirely destitute of novelty as you seem to have apprehended. Is there nothing in it concerning the pathology of the coats or humours of the eye made out, that was either doubtful, imperfectly understood, or that is entirely new? Previous to your perusing the work, your expectations do not seem to have been great; but you have omitted to say whether or not these were realized. It is very desirable that you had mentioned whether or not you considered the work adapted even to the purpose specified—"the use of students."

I must admit, and, indeed, deeply regret, that my work necessarily contains much that is not new. But although many things there mentioned may have been observed before, yet I flatter myself several important observations could be pointed out that have not been mentioned by others, at least so far as I know. Any one pretending to write a work entirely new on diseases of the eye, would be arrogantly asserting that no correct information had been hitherto attained by the many ages that have gone before him. In this very extensive, interesting, and common class of diseases, modern experience proves that a correct knowledge of many subjects was previously only partial; and that the field of inquiry has not been exhausted by our predecessors. Ascertained facts may always be generalized upon, and viewed in a clearer light with advantage—such a light as modern anatomy and physiology have cast upon surgery. Could any man at present, or within the last ten years, study any particular branch of

surgery, and find no correct information upon that particular subject? Much less could any one write a complete account of any class containing 50 or 60 diseases, or even describe one single disease entirely new.

Pardon me for troubling you with the above explanation, which I thought it necessary to make, to obviate the injurious influence the wide circulation of your Gazette might have on the work in question.

I have the honour to be,
Sir,

Your most obedient servant,

ALEX. WATSON.

35, Dublin-Street, Edinburgh,
5th July, 1828.

P. S.—I perfectly agree in your remark on staphyloma of the sclerotic coat not taking place from inflammation of the choroid and iris only. This is not what I intended to imply. I meant that the inflammation of the choroid and iris was the primary and chief seat of the disease which so terminated; the sclerotica and other parts partaking of the inflammation from sympathy and contact. A. W.

In expressing our obligations to Mr. Watson for his communication, we have also to express our regret that our previous notice of his work should not have proved satisfactory, and still more, that his present attempt should not have convinced us of having been in error.

Mr. W. implies in his letter that he has not made those omissions of which we accuse him—referring to certain information, and in the information to be found at page 34 of his work, on gonorrhœal ophthalmia—and at page 90, on syphilitic and arthritic iritis, and rheumatic ophthalmia; in justice to him, our readers, and ourselves, we now supply the *whole* of it.

"The purulent or puriform ophthalmia takes place only from some specific cause; as when it occurs *symptomatic* of small-pox, measles, or erysipelas; or when *idiopathic*, from infection, as in purulent or Egyptian ophthalmia, gonorrhœa, and infantile purulent ophthalmia."—(Page 34.)

"Acute inflammation of the iris occurs *idiopathic*, both spontaneously and from injuries of the eye; and it occurs *symptomatic* from syphilis, gout, and rheumatism."—(Page 89, 90.)

Does the author conceive that an enu-

meration of causes is a description of disease? The absurdity, too, of considering such an affection as gonorrhœal ophthalmia—the most violent, most rapidly destructive, and most intractable inflammation to which the eye is liable—to be the same in all respects as the purulent ophthalmia of children (the easiest and most certainly curable), is too obvious to require more than being alluded to. The same may be said of the view which considers the distinction between syphilitic and arthritic iritis as practically of no importance. Indeed! Has Mr. W., for instance, found the latter as easily managed as the former; or has he found mercury of *certain* efficacy in it? If he has, it is what no one else has done. Because Bichat has given some beautiful views in general anatomy, we must not be so dazzled by these as to apply them wholesale to disease, and say, tell me the tissue inflamed—I will describe the phenomena, cause, termination, and treatment: they are all the same, from whatever cause.

We read Mr. Watson's book with care, and cited passages, in our notice of it, shewing that he had paid particular attention to some points in the pathology of the eye; but it is difficult for an impartial reviewer to give "unmingled satisfaction," and since Mr. W. will have our opinion of his Compendium "as adapted to the use of students," it is, that such compendious descriptions of disease are unfit for students—for it is absurd to attempt teaching men to generalize who have yet to learn particulars.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Injuries of the Head.

IN No. 33, we related two cases of fracture of the cranium, and promised to continue our report upon injuries of the head. At a time when so much disputation exists on the treatment of concussion, the details of the following cases, as shewing the practice pursued at St. George's, may perhaps be of service:—

CASE I.—John Brady, a labourer, was brought into the hospital at noon of the 2d of June, having fallen from a scaffold 18 feet high, and struck his

head against a wall in his descent. He presented the symptoms of a moderate concussion: the surface was cold, the powers depressed, the pulse feeble. On examining the head, there were found to be several scalp wounds; one near the crown, exposing the parietal bone; another at the occiput, exposing the occipital bone, though merely for a small extent; and a third, but superficial cut, upon the brow.

Adhesive plaister to the wounds—cold lotion.

At two P.M. the surface was warm, the pulse had got up, and, in short, the re-action was commencing. He was bled to ten ounces, and a purgative of senna administered in the evening; but he passed an indifferent night, and complained of much pain in the head next morning. The bowels had been opened; the pulse was 80, and rather hard.

V. S. ad $\frac{3}{4}$ xij.

Haust. Salin. c. Mag. Sulph. 3j. Vin. Ant. Tart. $\mathfrak{m}^{\text{xxv}}$. 4tis horis.

4th.—The pulse continues full and hard, the tongue is white, the bowels open. There is little heat of surface, and no thirst.

Rep. Haust. V. S. ad $\frac{3}{4}$ viii. Cat. lini capiti.

From this period he continued to improve; the hardness of the pulse and pain in the head (which last at no time was severe) subsided, and shortly disappeared; the scalp wounds healed kindly, and on the 30th of June he was discharged.

There is nothing particular in the case, and we give it as an instance of simple concussion. The patient, when admitted, was cold and depressed, and bleeding was accordingly omitted. In the course of two hours the pulse was getting up, the surface growing warm, and *then*, but not till then, venesection was employed.

We hope to be excused for alluding to a case which we reported, and which we find has given rise to a letter from a gentleman at Wotton-under-Edge. The case was that of a boy who was run over in the neighbourhood of South Audley-Street, taken to a surgeon's, immediately bled, and admitted into St. George's Hospital, absolutely in *articulo mortis*. From the nature of the case it was utterly impossible for the symptoms to have *indicated* bleeding, and, therefore, we argued that the measure was em-

ployed on account of the accident, and not on account of the symptoms; in short, that he was bled *because* he was run over! Mr. Hill, in his letter, makes use of some unnecessary sarcasm, and would seem to infer that we reprehended bleeding in every accident, at every stage. Mr. Hill has mistaken us—we confined our observations to the case “on the record,” and we said, what we say still, that the bleeding in that instance was certainly uncalled for.

It is due to ourselves and Mr. Hill, to correct the erroneous impression he has received, and express our satisfaction at the case he has recorded. His patient was also run over; but Mr. Hill employed stimulants, both local and general, combined with the external application of heat—very different remedies certainly from bleeding.

CASE II.—Severe Concussion, apparently accompanied with Extravasation—Recovery.

John Antcliffe, æt. 37, was received into the hospital in the afternoon of the 2d of June, and placed under the care of Mr. Brodie.

He was perfectly insensible; the pulse was soft and slow, the breathing quiet; the surface very cool; the pupils immoveably dilated; the body relaxed, and retaining whatever position it was placed in. On hallooing loudly in his ear, he mumbled some indistinct reply; but on telling him to put out his tongue, or perform any action of that kind, he was plainly unable to understand what was said to him. Over the left ear was a scalp wound, exposing a portion of the parietal bone; the eye of that side was closed by ecchymosis, and bruises were discovered in several parts.

He had fallen from a hay-loft 20 feet in height, and appeared to be somewhat intoxicated.

3d.—No decided re-action has occurred, but at present, though heavy and drowsy, he is sensible when roused; the pupils are not so dilated; the pulse 85, rather labouring and hard.

Haut. Sennæ. V. S. ad 3xij.

Haut. Salin. Magnes. Sulph. 3j. Vin.

Ant. Tart. m̄xv. M. 4tis horis

The bleeding was repeated in the evening, and again upon the 4th; soon after which, when we saw him, he presented the following symptoms:—The pulse was small, but still was rather

sharp; the bowels purged; the wound was ill-conditioned, and the scalp was œdematous around. No stertor was present, and he lay like one asleep, except that he was restless, and was frequently tossing his arms to his head. On calling to him loudly, and inquiring if he suffered any pain, he appeared to comprehend what was said but imperfectly, repeating the question, and muttering an indistinct “No.” He was slightly delirious, frequently rising from bed, and tumbling the bed-clothes.

He passed a very restless night, but was better, notwithstanding, on the 5th. He answered questions more readily, though still he continued light-headed; the pulse was not so sharp; the pupils more obedient to the light.

Cataplasma lini capiti.

6th.—To-day he is considerably worse, and we find that in the night he was exceedingly restless and delirious. He sits upon his bed in a stupid state, scarcely answering questions, and doing so in a desponding tone. He complains of much pain in the head, especially in the situation of the wound, which is sloughy, and exposes the bone; pupils dilated and sluggish; tongue thickly coated; pulse small and low.

Venæsectio ad 3x.

He spent a quiet night, and was better again upon the 7th. The pulse was 100, and small; the tongue was moist; the bowels open. He still had some head-ache, and pain over the wound, but stated that he had always been subject to the former. The pupils in a day or two were natural, the head-ache subsided, the scalp-wound improved, and wishing to go home, he went out of the hospital on the 14th of June, though in opposition to the wish of Mr. Brodie, who observed at the time that he would probably be obliged to return.

The latter part of the Clinical lecture to which we referred in our last, was dedicated by Mr. B. to the consideration of this interesting case.

Mr. Brodie observed, that the patient was admitted with the symptoms of concussion, most probably complicated with a slight extravasation. The treatment in cases of this kind is simple. When the pulse begins to rise, bleed freely from the arm, till the force of the circulation is subdued. A large bleeding will check internal hæmorrhage, if a

vessel is ruptured in the head. When the pulse and the pain in the head, &c. again seem to indicate depletion, the bleeding should be repeated, but not in such quantities as the first. The object is to *prevent* the establishment of inflammation, for if it has once become severe, the patient will frequently break down, and die beneath a large blood-letting. The surgeon then should never wait till the symptoms are fully established, but check them *in limine*, by frequent, but moderate bleedings.

There was a circumstance in the case which was inadvertently overlooked in our report, but which was touched on by Mr Brodie in his lecture. The scalp wound, on the 6th, had united in part, but matter was collecting, without a ready exit. Mr. Brodie broke up the adhesions, and gave issue to sanious pus, which appeared to have a favourable effect upon the symptoms.

Mr. Brodie concluded by expressing his opinion that the whole of the danger had not passed away. A boy, under similar circumstances, was removed by his friends at the end of a fortnight, but brought back in a week, in a dying condition.

On the 19th of June, five days from the time he went out, John Antcliffe returned, complaining of head-ache and giddiness. His countenance was sodden and heavy; pulse full and hard; tongue rather brown; bowels pretty open. He was bled on the 20th, and ordered house-medicine. On the 21st he was better, though continuing to complain of some giddiness; the countenance was lighter; the pulse was small and soft.

He was ordered a rigorous diet, the head-ache and giddiness entirely subsided, and on the 2d of July he was finally dismissed.

CASE III.—Extravasation on the basis of the Brain—Trephining—Puncture of the Dura Mater—Death.

John Woolford, a middle-aged man, was taken up in the street in a state of intoxication, perfectly insensible to every thing around him, and admitted into the hospital in the evening of the 30th of June. Blood issued from the left ear, and a scalp wound was discovered immediately above it. The pulse is reported in the ward-book to have been strong.

V. S. ad \bar{z} xvi.

July 1.—In the morning he could not be roused, and appeared to be unconscious of any thing said to him; but towards noon he had rallied so far as to answer some questions, and complain of a pain in the head. He was restless, especially when disturbed, and imagined he was drinking in a public-house; the pulse was 84, and laboured; the pupils were rigidly contracted.

V. S. ad \bar{z} xij. Lot. Spt. Cap. raso. Haust. Sennæ.

He continued, throughout the day, in the same condition, passed a very restless night, and on the morning of the 2d presented the following symptoms:—

Pulse 60; pupils immoveably contracted; more insensibility, but puts out his tongue when desired. There is constant jactitation of the right arm and leg, and with difficulty he is kept in bed.

V. S. ad \bar{z} x. H. Salin. \bar{z} iss. Mag. Sulph. 3j. Liq. Ant. Tart. 3ss. 6tis horis.

His pulse rose after the bleeding to 120, but sank again in the evening to 84. Complete insensibility supervened, and he voided his motions in bed, whilst something like paralysis of the left arm and leg was observed to be present. The bleeding was repeated in the evening, and on the morning of the 3d, a remarkable change had taken place; the jactitation and delirium having given way to coma, or rather a state like the latter stage of apoplexy. There was a glassy film upon the eyes; the breathing was stertorous; the pulse indistinct and 120; the features were pallid, contracted, and cadaverous.

It was clear that if nothing were done the patient must inevitably die, and Mr. Brodie thought it probable, from the bleeding at the ear, and contusion above it, that there existed a fracture of the parietal bone, and probably a rupture of the anterior meningeal media. He accordingly divided the scalp, and verified his diagnosis by discovering a fracture, crossing the temporal bone. Hey's saw and the trephine were applied, and three separate portions of bone taken out. A few drops of blood, and a few drops only, were found upon the dura mater, not enough, in Mr. Brodie's opinion, to account for the symptoms. The dura mater was a little protruded into the cavity made by the trephine, and had lost its pulsations in accordance with the brain. Mr. Brodie punctured

it; no blood escaped; the operation gave no relief whatever; and in two hours from its performance the patient was dead.

Sectio Cadaveris.—The fracture extended to the base of the skull, but was exclusively confined to the temporal bone, beginning in the squamous portion and ending in the petrous. The membrana tympani was ruptured. On removing the dura mater, which was entire, (save the puncture) and very little altered in appearance, a quantity of coagulum was seen to be effused between the arachnoid and pia mater, which extended very widely over the surface of the brain.

A considerable coagulum, as much as half an ounce, filled up the lower horn of the right lateral ventricle, nearly opposite the seat of the injury. The substance of the cerebrum around the coagulum was broken down, and mixed with blood. No rupture of any particular vessel was discovered, nor was there any evidence of a previous disease of the brain.

ST. BARTHOLOMEW'S HOSPITAL.

Removal of a portion of Varicose Vein—Death.

JOHN DODGING, æt. 35, was admitted into Baldwyn's ward on May 26, 1828, with an unhealthy and irritable ulcer below the internal malleolus of the right leg. The cicatrix was observable of a severe scald which he had received when a boy, extending from the ankle to the middle of the leg on the inner side; beneath which was a single varicose vein, communicating with the ulcer, and reaching rather higher than the cicatrix. The ulcer itself had existed for a considerable length of time, above six years, interfering materially with his comfort, and his business as a servant, and a recent blow on the part had much aggravated the pain and inconvenience. The vein had burst more than once, and considerable hæmorrhage from the ulcer had ensued. He appeared to be of a bilious and irritable constitution; his bowels were apt to be costive; his pulse on admission was rather quick, full, and variable. Leeches and a bread poultice were the means externally employed; attention was paid to his diet, and the state of his general health, and he was directed to

remain in bed. About a fortnight after his admission, the inflammation round the sore having in some measure subsided, the leg was strapped with emplastr. plumbi, and rolled; these applications, however, gave him much uneasiness, and at the end of a week were discontinued, with no signs of improvement in the state of the ulcer, which was evidently kept up by the existence of the varix. Emollients were again resorted to, but with no better success than before. A month from the time of his admission, (June 25) no amendment having as yet taken place, Mr. Earle determined upon the removal of a portion of the vein, the case appearing to him a favourable one for that purpose, as there was no decided disturbance of the health of the patient, and apparently no disposition in the other veins of the limb to become varicose. This was accordingly done: the patient, however, seemed to be unusually alarmed about himself, and experienced a greater degree of pain in the operation than so slight a wound might have been expected to produce. Immediately after the operation he complained of a peculiar sense of oppression and sinking at his chest. The vein was exposed about the middle of the leg, and a third of an inch removed, with very slight hæmorrhage. The edges of the wound were then brought together with adhesive plaster; a compress of lint was placed over it, and the whole of the leg rather tightly bandaged with a wet roller from the toes to the knee. Twenty drops of laudanum were given to quiet the patient, and alleviate the severe pain of which he complained. The limb was placed in an easy position, and cold lotions directed to be constantly applied; his bowels having been inactive during the day, he took three grains of calomel with ten of jalap that evening, which were repeated early the following morning without effect. He subsequently took a rhubarb draught, as saline aperients were found to disagree with his stomach, and produce immediate sickness, which, indeed, was a troublesome symptom during the whole period after the operation; the matter thrown off from the stomach being frequently greenish, and mixed with bile. Mr. Earle saw the patient about two o'clock, and directed hydr. submur. gr. v. c. antimon. tart. gr. ss. to be taken

immediately, and twenty leeches to be applied along the course of the absorbents on the thigh, which were red, painful to the touch, and considerably swollen. These means were attended with the desired effects; the bowels were relieved, and the pain up the leg and thigh, and at the groin, was diminished. The pulse in the evening of this day was 120 to the minute.

27th, 9 o'clock A.M.—The symptoms were decidedly more unfavourable, indicating high inflammation of the veins and absorbents, with general disturbance of the circulation. The dressings were removed; the wound appeared to be still open, and its edges inflamed, yet the ulcer was greatly improved.

Hirudines xxxvj. cruri.

V. S. ad f $\frac{3}{4}$ xx.

Mist. Salin. c. Vin. Antimon. Tart. quartâ quaquê hora.

Acid drink ad libitum.

Bread poultice over the whole limb.

His diet was changed from broth to arrow-root, which agreed better with his stomach.

The first ten ounces of blood, which were drawn separately, had much appearance of inflammation, and became cupped and buffy; the rest had the same appearance in a less degree. The pulse rose in frequency after the bleeding from 125 to 135, or 140, but was diminished in fulness. The patient had passed a restless night, and seemed much disturbed about his state, and in much pain.

28.—The ulcer still improving, though the whole foot and inner side of the limb were erysipelatous, and much swollen below the wound. Pain in the epigastrium, with great sickness, and difficulty of breathing and restlessness. Pulse from 130 to 150; tongue furred.

Hirud. xxx cruri.

Hydr. Submur. gr. iij. Opii gr. j. statim sumend. et repr. si opus sit.

29.—Unfavourable symptoms decreased; pulse 80. In the evening his nervous irritability increased.

Mist. Salin. ut antea c. Magnes. Sulph. 3j. 6tis horis.

Rep. Hydr. Submur. c. Opio.

Soda water, 4 bottles daily.

30.—The left arm exhibited tension, and other symptoms of phlegmonous erysipelas.

Lotio Spirituosa constanter applic.

At night the difficulty of breathing and restlessness were so much increased that the house-surgeon was sent for, who ordered—

Pulv. Ipec. Comp. gr. x. statim.

July 1.—The symptoms improved; inflammation of the leg had in a measure subsided, the swelling and pain being diminished. Difficulty of breathing, and pain in the epigastrium still present; the arm still swelled and painful, as also the other leg, but less than on the previous day. The pulse improved, and the bowels open.

Pulv. Ipec. Comp. gr. v. ter die.
Omittantur cœtera.

2.—Several of the leech-bites had ulcerated, and hæmorrhage to a considerable amount, nearly a pint it was supposed, had occurred from one of them. Pain and tension in the head, with dry and brown tongue, and depression of power both mental and bodily.

The head was shaved; and cloths, dipped in the evaporating lotion, applied, with *hirud. x.* to the temples, and a blister to the neck.

3.—The patient evidently sinking. The pulse fluttering, variable, and very frequent. The skin deeply jaundiced; the cornea of both eyes opaque; the vessels of the conjunctiva injected; the eyes constantly closed. The patient, however, though deprived of sight, and in a great measure of sense, was still able to recognize the voice and remember the names of those who spoke to him; and could by a strong effort open his eyes, and put out his tongue when desired to do so, the latter being very dry and nearly black.

Solut. Chlorin. m $\frac{xx}{xx}$. Ex. Decoct. Hord. pro haustu.

On the afternoon of this day it was suggested that the use of mercury had been observed to be beneficial in cases attended with similar typhoid symptoms; and he was accordingly directed to take

Hydr. Submur. gr. ij. Opii. gr. ss. quartâ quaque horâ.

Haust. Effervesc. alternis vicibus.

Towards the evening some improvement in the symptoms, in the state of his tongue particularly, was observed. A few leeches were applied to his temples.

4.—The leeches were again applied

by Mr. Earle's direction, and the common injection ordered. The patient lingered till eight o'clock this evening, when he died. As early as the 27th of June the respiratory murmur seemed indistinct on the application of the ear to the chest, and the stethoscope was afterwards supposed to indicate effusion into the left cavity of the pleura. During the whole period subsequent to the operation, the ulcer went on improving, notwithstanding the inflamed state of the rest of the limb, and at his death was nearly skinned over.

Examination of the Body 12 hours after Death.—The vein which had been divided was a branch communicating with the posterior saphena. Inflammation had extended to the posterior saphena as high as the ham, where it terminated abruptly. In this course the vein was partly plugged with lymph, and in places contained pus. Several small muscular branches entering the gastrocnemius, contained fluid pus. The inflammation extended downwards about three quarters of an inch from the division of the vein. Deep seated abscesses had formed beneath the fascia of the left fore arm and leg, separating the muscular fibres to a considerable extent. The cutaneous inflammation and tension over these abscesses had entirely subsided two days before death. In the right fore-arm there was also considerable sero-purulent effusion between the muscles. No diseased appearances were found in the abdomen. In the chest a small abscess, evidently the product of recent acute inflammation, was found in the superior lobe of the right lung; no effusion had taken place on the left side. In the head there was considerable effusion into the cellular tissue of the pia mater, particularly towards the basis, and the serum in the veins was of a deep yellow colour. Lymph was effused around the trunks of the carotid arteries. The nerve of the third pair on the left side was evidently flattened, and softer than that on the right. The nerve of the fifth pair on the right side had undergone a similar change to a greater extent. It has been remarked that during life great opacity of both corneæ had taken place; the surface of which had become rough. On removing the right eye, destructive changes were found to have taken place within the globe; the crystalline was so soft as

to yield to the slightest touch; the vitreous humor was of a reddish yellow colour, and red vessels could be distinctly seen traversing its membrane. The retina was of a deep red colour.

Quere. Were these changes connected with the alterations which had taken place in the structure of the third and fifth pair of nerves?

ST. THOMAS'S HOSPITAL.

Cases of Purpura, with Icterus.

CASE I.—June 19th. Hannah Cordey, aged 22, was attacked seven days ago with violent pain of the head; has since been delirious; pulse now 104, full and soft; tongue yellowish-white, except at edges; great pain of head (“a splitting pain”); very drowsy; expression of suffering in countenance; difficulty of breathing; cannot draw a deep breath; cough; says she spits blood, and that her nose often bleeds; abdomen very tender on pressure; says that there has been blood in the stools; bowels open; has taken purging medicine; has not vomited; no appetite; whole surface yellowish; trunk and extremities covered with minute purple spots, like flea-bites, but wanting the central puncture; does not know when the spots appeared; is now menstruating; the discharge is always as now, very copious, and lasts seven days; not at all emaciated. Dr. Elliotson ordered

V. S. ad 3xij. Hyd. submur. gr. vj. bis die et postea—Olei Ricini, 3ss. si opus sit. Frequent ablutions with warm water. Hair to be cut off. Slops.

20th.—Pulse 60, soft and full; tongue same as yesterday; less pain in head, but very wild expression of countenance, combined with appearance of extreme exhaustion; appears half delirious. It is doubtful whether she understands the questions put to her, although she answers them; says that she sometimes wanders. The nurse says that she has neither coughed nor expectorated since yesterday. Can draw a deep inspiration more easily. Tenderness of both hypochondria, but fixed pain only in the *left*. Can only lie on right side. Skin somewhat less yellow, but conjunctiva darker; eruption not altered. Has had one motion of a greenish colour; has vomited once a greenish fluid. The blood, 18 hours

after being drawn; exhibits no serum, except one or two drops lying on the coagulum, which is not quite so solid as usual, is somewhat transparent, and of a very bright scarlet colour.

Rep. Hyd. Submur.

21st.—Better; less appearance of exhaustion; more lively; less pain in hypochondrium; sclerotica less yellow.

Pergat.

22d.—Not quite so well; some pain of head; pupils somewhat dilated; breathing easy; no cough; pulse 70, and sharp; tongue has a thick yellowish fur, reddish at tip and edges; vomits every thing taken, except toast and water; has done so since she came in. Some soreness at epigastrium; pain in left shoulder; neither pain nor soreness of hypochondria; two motions since yesterday, healthy; urine not high coloured; conjunctiva not tinged; skin somewhat lighter; eruption paler.

To take only Hyd. Subm. gr. vj. instead of gr. xij. daily, with a dose of Cathartic mixture, if necessary.

23d.—Better in every respect; several natural motions.

Pergat.

24th.—Eruption dying away fast; no pain nor cough; sleeps well; tongue not quite clean, yellowish in the centre; eyes not tinged; skin natural; bowels open; no blood yet observed in stools; pulse 70, and full.

Pergat.

25th.—Eruption nearly gone; pulse still full, and rather strong; had a little head-ache this morning.

Three or four days after this, in consequence, as it appeared, of having eaten a quantity of animal food, which she had begged from another patient in the same ward, she was attacked with violent pain in the head, followed speedily by symptoms of acute phrenitis, and also of enteritis. When seen again, July 2d, she had pain in the head, universal convulsions and delirium, with tension and tenderness of the abdomen, and occasional vomiting. The pulse was small and weak.

V. S. ad $\frac{3}{4}$ x.

This blood, on standing, unlike that first drawn, exhibited the usual separation between the serum and coagulum.

July 3d.—Pulse 100, small and weak; quite delirious; incessantly making attempts to vomit, without bringing much up; extreme tenderness of abdomen; tongue very foul; bowels much relaxed.

Dr. E. ordered the head to be shaved, a cold lotion to be applied to it, a blister to the back of the neck, ablution with warm water.

Hyd. c. Cretâ, gr. v. every four hours, and Acid. Pruss. Mij. two hours after each pill, to allay the vomiting*.

The patient had been seen early this morning by the apothecary, who had ordered a number of leeches and a blister to the abdomen.

4th.—Quite sensible; less pain of head and of abdomen; the vomiting ceased after the first dose of the prussic acid, but as about that time the blister began to take effect, it is difficult to determine to which of the two the effect is to be ascribed.

Pergat.

This evening the patient had a return of the delirium and convulsions, which continued six hours.

5th.—Better again. The bowels being constipated, she was ordered a dose of cathartic mixture every hour, until the bowels should be opened.

6th.—Several copious slimy motions. No pain.

From this time she gradually recovered.

There was no return of the purpura, or jaundice, in this last relapse.

CASE II.—Mary Chambers, aged 24, ill five days.

July 10th.—In a state of great exhaustion; pulse 120, very weak; surface cold; skin and conjunctiva yellow; purple spots on trunk and upper extremities; tongue brown at its posterior part; epigastrium and right hypochondrium full and hard; painful on pressure; nausea; had at first great pain of head, and vomiting. Has now diarrhoea.

A warm bath. Blister to Epigastrium and Hypochondrium. Hyd. c. Cretâ, gr. x. 3tia quaque hora. Milk diet.

11th.—Skin more yellow; serum

* Dr. E. finds the prussic acid to allay vomiting more rapidly and certainly than any other medicine which he has tried. With this view, he often combines it with substances which, alone, will not stay on the stomach.

produced by blister of a deep yellow; hypochondrium and epigastrium still full and hard, but less tender; pulse 120, small and soft; tongue has a whitish fur behind; two or three slimy green motions in the night. The purple eruption is dying away, but it has been discovered that she has a syphilitic eruption on the extremities.

Pergat.

12th.—Better; pulse fuller and stronger; only three stools in the last 24 hours.

13th.—Pulse more oppressed, and slower; abdomen more swelled, but less tense; little pain; tongue cleaner; purple spots nearly gone.

14th.—Abdomen less swelled; great exhaustion; skin yellower.

15th.—No symptom of the original disease now remains, except the yellow colour of the skin, and a rather hard swelling of the left hypochondrium and epigastrium. She appears to be in a state of great debility, and this day the nurse discovered a very adequate reason for it. For several days a very foetid smell had been perceived to arise from her, which she attributed to a discharge which she said she had. She was examined, and found to have sloughing sores on the pudenda. The most vigorous means were adopted; a solution of chlorate of lime and soda being applied to the sores, and stimulants being administered internally: but the sloughing continued, and she died, worn out with pain and exhaustion, July 20th. The body was not examined. G.

LITERARY ANNOUNCEMENTS.

Next week will be published, a Letter to the Right Honorable Robert Peel, on the Impediments, Defects, and Abuses existing in the present System of Medical Education, with Suggestions for their Removal and Correction. By Henry Wm. Dewhurst, Surgeon and Lecturer on Anatomy.

In the Press, a Manual on Midwifery, containing plain and succinct Instructions for affording assistance in the different Classes of Labors; with an Account of the Diseases of Women and Children. Intended as a Pocket Companion for Young Practitioners. By Dr. Ryan.

BOOKS RECEIVED FOR REVIEW.

Dr. Burrows's Commentaries on the Causes, Forms, Symptoms, and Treatment of Insanity.

Dr. Ryan's Introductory Lecture on Midwifery.

Dr. Ryan's Essay on the Supply of Water to the Metropolis, on the Natural, Chemical, and Medical History of Water; being a Guide to all the known Mineral Waters.

NOTICES.

Communications have been received from "Mr. Hill"—"Mr. Gilbert Burnett"—Mr. Roberts"—and "Q in a Corner."

We have received the letter of "A Bartholomew Pupil," in reply to the answer of "A Pupil of St. Bartholomew's," inserted in the number of the *Lancet* for July 19; but as our correspondent, in his former communication, fully refuted the charges brought against Messrs. Vincent and Earle, we have thought it unnecessary to publish the letter now before us. The "Bartholomew Pupil" must bear in mind, that when the *Lancet* has once asserted an untruth, he never has the honesty to retract it; but, as in the present instance, reiterates his falsehood in the face of the clearest evidence. We think our correspondent is probably right in attributing the second letter in the *Lancet* to the Editor himself; and we are led to this opinion both by the circumstances which our correspondent points out, and by the extreme vulgarity of the style—*par exemple*, comparing Mr. Earle and the pupils at St. Bartholomew's to a "bitch and her litter of blind puppies."

On the same general principles which we have stated above, we must decline inserting the letter of "A Surgical Pupil of St. George's Hospital," in answer to some silly remarks published in the *Lancet* under the signature "Caius." It is obvious, as our correspondent observes, that the writer is not a pupil at St. George's; and we really think his effusions too contemptible to be more particularly noticed.

ERRATA.

In our last Number, page 236, second column, line 31, for "about the thumb, even the bony fibre," read "about the trunk, even the bony fabric."

In the Hospital Report, page 251, column first, after "Pulv. Ipecac. Co. gr." insert "x."

Page 252, column second, for "Rep. Pilulas," read "Pilulæ."

Page 253, column first, for "Cal. et Opii," read "Cal. c. Opio."

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 36.] SATURDAY, AUGUST 9, 1828. [VOL. II.

ESSAYS ON SYPHILIS.

BY JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 230.]

THIS, and the following essay, will be principally devoted to an examination of the writings, and a detail of the opinions, of authors of the present day. Nevertheless, it will be my duty not only to detail fairly and impartially the result of their labours, but also, as the occasion presents itself, to make such comments upon their doctrines as they appear to require; and to point out, without reserve, the errors into which it appears to me that some of them have fallen.

I have already mentioned the general state of practice in syphilis at the time Mr. Hunter published his Treatise on that disease: particular points of doctrine were, indeed, the occasional subjects of discussion in different publications and lectures; but, practically, no one dreamed of curing the complaint without a course of mercury, still less was it imagined that the symptoms *could* be cured in any other way, although it now is quite certain that on the Continent of Europe, and more especially in Germany, the common plan of treatment had undergone a considerable change—that the corrosive sublimate had there become the favourite remedy; but even that medicine was prescribed in very inefficient doses, according to the dogmas of the day, as taught in this country. The Peninsular war, however, opened to the medical officers of the British army new views relative to syphilis, and they lost no

time in communicating to the profession the information they had thus acquired. Of these, Mr. Ferguson was the first who published an account of what he had seen in Portugal: his paper is to be found in the fourth volume of the Medico-Chirurgical Transactions. From a perusal of this paper, it is evident that this gentleman considered the conclusions to which he arrived as totally inapplicable to this country, though true as far as they regarded the natives and the climate of Portugal. Mr. Ferguson's opportunities of observing the venereal disease in the Peninsula were very extensive, since he had held the situation of Inspector of Hospitals to the Portuguese army upwards of two years before he wrote his paper, which is dated in May, 1812. It contains some highly-interesting paragraphs, which it will be necessary to bear in mind, since they tend in no inconsiderable degree to explain what has hitherto appeared most obscure and difficult of solution in this intricate inquiry. The facts we learn from this paper are principally the following:—It was customary among the native practitioners in Portugal to cure all primary venereal affections with topical applications only; the native soldiers, as well as those in civil life, were accustomed to perform their duty, and follow their usual avocations, with sores on the penis, not merely such as were of a trivial nature, but such as made Mr. Ferguson shudder to look upon; the only difference in the treatment adopted by the military and civil practitioner in such cases being, that the latter generally combined the decoction of the woods with the local remedies, but in both instances the use of mercury was reserved for those in

whom the bones had become affected, when a very small quantity, usually of calomel, was prescribed, together with Dover's powder, warm baths, and other sudorifics. Dreadful examples of mutilation did, indeed, sometimes occur; but these bore no proportion to the number of those who had suffered from the primary symptoms of the disease; and the affections of the bones, when they did occur, were usually slight; thus proving, that in this climate at least, the complaint had become so much mitigated, as to run generally a mild course, until it at length exhausted itself spontaneously.

Very different, however, was the progress of the symptoms in the British army: among the soldiers its ravages were so frightful, that Mr. Ferguson says it is probable that more men had sustained from this cause the most dreadful of all mutilations, during the four years the army had been in Portugal, than the registers of all the hospitals in England could have produced in the last century; so that, not only were the primary sores more intractable to mercury than in England, but also secondary symptoms made their appearance in no small proportion, even whilst the constitution was actually under the influence of mercury.

Such are the principal facts which Mr. Ferguson has detailed. I now come to consider the reasonings he has founded upon those facts. After inferring that syphilis has lost much of its virulence in Portugal, or, in other words, has exhausted itself, he remarks that the same change has occurred in the same country with respect to the small pox, which is permitted to run its natural course unmolested; and so mild has it become, that not one case of fatal termination presented itself to Mr. Ferguson's observation: yet he adds, "I have no doubt that this mild disease, communicated to a tribe of Indians, or to a plantation of negroes, or any other class of people, who had never before known the small-pox, would desolate with all the fury of a pestilence wherever it could find victims, and never cease until it had destroyed the whole population." Applying this analogical reasoning to syphilis, he considers the inoculation of the virus of this mitigated form of lues venerea into the constitution of the British soldier, as having produced a disease of more than ordinary violence;

and here we cannot fail to observe the effect of early impressions, for Mr. Ferguson remarks, contrary to the direct tenor of the cases he proceeds to detail, that this new organization of disease cannot be combated by such means as the natives employ, and concludes that mercury affords to the patient the only chance of salvation; yet, strange to say, the detail of a very interesting case teaches us that bleeding, cold lotions, free purging, and the strict antiphlogistic regimen, were the true and efficient means of safety, and not the exhibition of mercury in any shape whatever. The case that calls for this observation is that of an officer, whose penis, four days after a suspicious connexion, became enormously swollen, of a deep red colour, with malignant ugly-looking sores on different parts of the prepuce, and two on the glans penis, which are compared, in appearance, to holes made by a rusty nail in a piece of mahogany or logwood: the general health was also proportionably deranged. The effect of the depletory plan of treatment above-mentioned was magical; but although Mr. Ferguson had no doubt that the violence of the inflammation had superseded the specific contagion, yet, in compliance with old custom and the patient's fears, a mercurial course was afterwards pursued. Another curious circumstance relative to this case must not be forgotten: this officer had been infected by an operadancer at Lisbon, who continued for several months afterwards on the stage, occasionally infecting others, but without communicating a disease of any peculiar or extraordinary malignancy in any other instance. Mr. Ferguson makes one other observation, which I shall extract, since it is highly deserving of consideration:—"I think it is probable (he says) that, by the resistance we in England have opposed to syphilis and variola, we have retarded their natural decay among us; that we have made both more rare I believe, and that we may finally succeed in extinguishing them I devoutly hope; but whenever we are revisited by either the one or the other, I fear they will not come to us disarmed of their terrors." There are three points in the above narrative which I think ought to be borne in mind, because they are not only of considerable importance in themselves, but because I shall have occasion to revert

to them more particularly on a future occasion; they are these—1st, the cure of the officer's ulcers by bleeding, purging, &c.; 2dly, the fact of the same woman communicating a disease of a milder nature to other men; and, 3dly, the conjecture that probably a more severe form of syphilis may at some future time appear amongst us.

Pursuing the course of my history, I have next to mention a very important document, for which we are indebted to Mr. Rose, who, having himself served several years in Portugal, was well qualified to form an estimate of the comparative merits of the two plans of treating syphilis, both Portuguese and English; and who, soon after his return from the Peninsula, adopted the only rational plan—that of putting the question to the test of experiment, discarding all preconceived notions, and looking solely to the natural progress of the disease when left to itself. The results of these experiments, made in the hospital of the Coldstream Regiment of Guards, during a period of nearly two years, were given to the world in the year 1817. In this publication Mr. Rose announced, that during the above period, he had been enabled to cure *all ulcers* on the parts of generation that had presented themselves, as well as the constitutional symptoms to which they gave rise, without the exhibition of mercury. Mr. Rose does not assert that the sores in all these cases were syphilitic; but he tells us, that the battalion in which they occurred consisted of upwards of a thousand men, stationed in London, accustomed to associate with the lowest class of prostitutes, and, therefore, must have afforded (independently of the character of the sores) many undoubted instances of the disease. These, and some other prefatory remarks, are followed by the detail of nearly thirty cases of ulcerations of the genitals, which are divided into three classes: the first includes those not followed by secondary symptoms; the second, those followed by papular eruptions and other symptoms; and, thirdly, of those in which the eruptions differed from the papular form. The only general remark that I shall make respecting the first class is, that the sores were, with few exceptions, either attended with much inflammation or sloughing, thus rendering it probable that the rapidity of their pro-

gress had superseded the absorption of the poison; a fact to which Mr. Pearson has alluded, in speaking of the efficacy of the cinchona in certain spreading sores on the penis. With respect to the second and third classes, it would seem probable that the occurrence of secondary symptoms was the result of the great length of time that these ulcers had been permitted to run their course, before any plan of cure was sought for by the patients themselves; and this is conformable to the opinion maintained by many medical authorities, that the permanence of the cure, and the security of the constitution, depends much upon the speedy extinction of the virus by mercurial action, where there is nothing in the character of the sore to forbid its use. Mr. Rose's paper concludes with some ingenious reasonings, founded upon the result of this practice; but it does not enter into my views to notice this now: the only conclusion I have to draw from what he has related is, the undoubted fact of every form of primary ulcer on the genitals being curable without mercury; and also the possibility of conquering the constitutional affections that supervene in consequence, without administering a particle of that medicine. During a period of two years, it is to be likewise remembered, that only one or two affections of bones had occurred, in no instance leading to caries. The publication of Mr. Rose's paper made a great impression on the medical public; it excited the curiosity of the profession highly, and stimulated many, who, from their situations as army surgeons, had an opportunity of confirming these experiments by adopting a similar line of conduct, to repeat them. In the several regiments of Guards this plan had been the object of emulation for some time past: at the military hospitals at Chatham and Fort Pitt, as well as at York Hospital, Chelsea, it was likewise resorted to. And in the same volume which contains Mr. Rose's Essay, is to be found a communication on the same subject by Mr. Guthrie. With that gentleman's reasonings I have nothing at present to do; I quote him solely for the purpose of confirming what had been before advanced relative to the cure of *all ulcers* indiscriminately without mercury. His evidence, then, goes to prove that for eighteen months Mr. Dease, Dr. Arthur, Dr. Gordon,

and the writer himself, had been in the habit of treating all ulcers on the penis, whatever their appearance might be, with simple means only, and they all got well. Mr. Guthrie informs us also, that the same plan was pursued at Dover, Chatham, and Edinburgh, as well as by some regiments both abroad and at home. He had also seen the reports of 400 cases treated in the same manner, and with the same success; though it would seem that in many of these cases the cure was very tedious, and the cicatrices of the sores were frequently giving way. Of the secondary symptoms resulting from these sores the cure was likewise tedious, though they were generally of a mild nature; and only two instances of affections of the bones were met with. Mr. Guthrie next proceeds to contrast the result of his practice with mercury, whilst surgeon to the 29th regiment, between the years 1801 and 1809; and he remarks, that during this period, when his patients generally underwent a moderate course of mercury, he very seldom had a case of secondary syphilis; and he is not aware of his having either lost, or been obliged to discharge a man, in consequence of that disease.

In the half year ending the 24th June, 1817, fourteen hundred cases of the venereal disease were treated in the army of occupation in France with mercury, and only fourteen cases of secondary symptoms occurred; whilst of 521 cases so treated in England, ten instances of secondary symptoms appeared—so that the true average proportion of the two numbers united is 1 in 75; whereas in the mode of treatment denominated non-mercurial, the average number of those affected by secondary syphilis was at first stated to be 1 in 10, though, in truth, this proportion was soon discovered to be very much underrated, and there is reason to believe that 1 in 4 or 5 would have been nearer the truth.

Notwithstanding this, however, the non-mercurial plan of cure was extended by degrees to the military stations of England, Europe, and even America, under the sanction and direction of the present Inspector General of the medical department of the army, who has always been among the foremost in promoting every inquiry in which either the interests of humanity, or the advancement of professional knowledge, is

concerned. The result has been a collection of reports connected with this subject, detailing the cases of nearly 2000 venereal patients, whose symptoms, both primary and secondary, had been treated upon the new system. From this mass of information certain conclusions were drawn, and which were afterwards transmitted to the surgeons of regiments, for their information and guidance. From this circular letter it appears, that between the months of December 1816 and 1817, 1940 cases of syphilis had been treated without mercury, of which number 96 had afterwards secondary symptoms of various sorts. Of these 96 patients, 12 were afterwards subjected to mercurial treatment, chiefly for reasons of expedience, rather than of necessity; and even in these cases it was found that alterative doses of mercury were sufficient to effect a cure with several of them. Of the whole number of primary sores, 65 were cured finally by mercury, in consequence either of the slow progress they had previously made, or from their evincing a disposition to spread; though at the same time we are informed, that the non-mercurial practice, both in the primary and secondary forms of the disease, *generally* occupied less time than when mercury was had recourse to. Such was the result of the number treated without mercury.

In the same period of time, 2827 men, with ulcerations of the penis, were treated with mercury; and of these, 51 only had secondary symptoms: but these last appear to have been extremely severe, and more intractable than when mercury had not been used for the primary sore; so that two men were obliged to be discharged the service, in consequence of the injury sustained by their constitutions. Among the general observations with which this document concludes, we must not omit to notice the discrepancies in the reports from several regiments: thus, in one, four cases of secondary symptoms supervened out of twenty-eight treated with mercury, whilst, in another, sixty-eight men were so treated, and not one example of secondary affection was observed during the space of fifteen months, to which space of time this report extends. It is also asserted, that no peculiar forms of secondary symptoms were fairly traced to any peculiar primary

sore ; that, in cases treated without mercury, iritis has frequently been met with as a secondary affection—sometimes alone, at others in combination with eruptions of various kinds ; and in these, mercury was generally resorted to with success : finally, the frequent reappearance of the primary sore, and repeated attacks of eruption, have most commonly been the reproach of the non-mercurial treatment. Another singular circumstance developed by these returns, is the infrequency of syphilis in the West Indies, compared with its ravages in Hindostan : so striking is this difference, that Dr. Good, who has compared these returns, asserts, that every two regiments in the East Indies furnished, at least, as many cases, both of genuine and doubtful syphilis, as are furnished by the whole army in the West Indies ; for example, the whole number, in the year 1823, in that part of the world, amounted to 36 only, whilst one regiment in the East Indies afforded 177 cases in the same period.

I should be almost afraid of wearying the reader with these accumulated facts, but I feel it my duty to consider this subject as one entirely novel and unknown ; and that, as professing to give an entire and complete body of doctrine relative to the disease, I should not feel myself justified in passing by any series of observations on public record, which tends to put this question in a clearer point of view : but it only remains now to give the result of Mr. Hennen's labours, and this part of my subject will be completed. The substance of what Mr. Hennen has detailed may be thus shortly stated :—The first trials of non-mercurial practice were witnessed by this gentleman at the Hospital at Hilsea, in 1816, under the superintendence of Dr. Knox, where, between the months of May and September, out of 58 cases of primary sore, 28 were healed without mercury. It was not, however, until October 1817, that, being principal medical officer in charge of the district of North Britain, Mr. Hennen had an opportunity of trying this plan upon an extensive scale, and he thus sums up his opinion.

“ Everything I have seen of this practice confirms me in the belief of the possibility of healing primary sores on the genitals, of whatsoever description they may be, without the employment of mercury ; and I have met with no-

thing to make me question the propriety of the trial : of some hundred cases, none have hitherto resisted.” But farther on, he adds—“ Secondary symptoms occur more frequently, and appear at an earlier and more determinate period than when mercury has been used ; but they have not proceeded from bad to worse ; they do not exhibit the same violent and unrelenting symptoms which we have observed in many instances where mercury has been used ; the eruptions have not run into ulceration ; they have not formed into large scabs, or extensive blotches, nor have the bones of the nose, or other parts, been affected with caries.” All these points are clearly established by several tables, very perspicuously and accurately drawn up.

From the above mass of evidence the following conclusions appear to be fairly deducible :—1st. That all sores of the genitals, without exception, are curable without mercury. 2dly. That secondary symptoms occur in the proportion of at least one in ten of those cases where no mercury is used ; whilst on the contrary, the proportion of such cases is only as 1 to 75 where that remedy has been employed. 3dly. The possibility of curing nearly all the forms of the secondary syphilitic symptoms without the assistance of a particle of mercury. 4thly. The mildness of these symptoms, which, excepting in about half a dozen instances, were confined to eruptions in the skin, and ulcers in the throat. 5thly. That the period required for the cure of the primary sores by the non-mercurial plan was not in general greater than where mercury was employed ; though it is admitted that the cicatrices of the sores remain frequently in a state of disease, were often ulcerating again, and that the secondary symptoms, though not violent, were very tedious ; and when apparently cured, would not unfrequently recur again and again. I ought here to observe, that the practitioners in France had long been in the habit of curing all ulcerations on the genitals without mercury, though they did not pursue this plan in consequence of direct experiment, but from a conviction that, generally speaking, these sores healed more readily by the employment of simple means only, but they were in the habit of prescribing the corrosive sublimate internally, in very small doses, for the purpose of preventing the attack of

secondary symptoms; such for many years had been the practice of Cullerier, of Paris, whilst other of their surgeons relied entirely upon diet drinks, of which sarsaparilla formed the basis.

[To be continued.]

EXTIRPATION OF THE UTERUS.

To the Editor of the London Medical Gazette.

SIR,

As the following account of successful excision of the uterus may be interesting to the profession, perhaps you will favour me by inserting it in your Journal.

I am, Sir,

Your obedient servant,

JAMES BLUNDELL, M.D.

No. 1, Great George-Street, Westminster, August 2, 1828.

Some account of a case in which the Uterus, in a state of malignant Ulceration, was successfully removed,

By JAMES BLUNDELL, M.D.

Lecturer on Physiology and Midwifery in the School of Guy's Hospital.

Mrs. A. B. æt. 50, of grey eyes, tranquil disposition, broad in her make, and disposed to obesity, was seized with offensive discharge from the vagina, soon followed by eruptions of blood in large quantity, so that, according to her own report, frequent faintings were produced, and the blood occasionally sank through a bed about twice as thick as a sofa-cushion, collecting on the floor; and day after day, for months together, with little intermission, one or two pints of blood were discharged.

Although Mrs. A. B. in her general conversation, is by no means prone to hyperbole, it seems evident that she must have greatly over-rated the quantity of these daily floodings. Certain, however, it is, from her repeated and considerate declarations, that very large quantities of blood were lost during a period of many months; and though, with the exception of some small œdema of the legs, there were no signs of general dropsy, the paleness, coldness, and weakness, and the fre-

quent attacks of faintness, or complete delirium, shewed pretty clearly that much vascular inanition had been produced. In other particulars, the patient's condition was not altogether discouraging; for the bowels were regular, and the appetite was occasionally good; and the appearance, though cachectic, and perfectly similar to that of other women perishing under malignant ulceration of the uterus, was not such as to indicate a constitution wholly unfit for surgical operation.

The woman having been under the care of three or four different practitioners before I saw her, I deemed it proper to examine immediately with great attention; when I found that the womb was moveable, and about as large as a goose's egg—that its mouth was broad, open, and of cartilaginous hardness—that it manifested the usual marks of malignant disorganization, in which also about one-fourth of the contiguous vagina was involved; and, further, that on the surface of the diseased mass was formed an ulcer, about as broad as a shilling. The adjacent structures appeared to be healthy enough—the bladder and rectum were sound, the inguinal glands were not enlarged, whence it was presumed that the lumbar were perhaps healthy; the ovaries could not be felt to exceed their ordinary bulk, and there evidently was no tangible enlargement of the liver, spleen, kidneys, or omentum, all of which were examined with the nicest care. The breathing was easy; the pulse, various in its frequency, ranged between 115 and 120 in the minute; and the patient, though certainly very much debilitated, had sufficient remains of strength to walk to my house (the distance of a furlong), though not without considerable difficulty. To be short—it seemed clear at this time, that the case was ulcerated carcinoma of the uterus, as it is called, and that extirpation was the only remaining remedy.

The bowels having been cleared, and the patient being resolved to submit to the operation, on the 19th of February, 1828, I determined to remove the diseased parts without further delay. For this purpose, having placed the woman in the obstetric position usual in this country (on the left side I mean), close upon the edge of the bed, with the loins posteriorly, the shoulders advanced, the knees and bosom mutually approxi-

mated, and the abdomen directed a little downwards towards the bed, I began the operation.

First Stage of the Operation.—I commenced by passing the index and second finger of the left hand to the line of union between the indurated and healthy portions of the vagina; the finger being converted into a cutting instrument (varying with the exigencies of the operation), by means of a moveable knife, which requires a word or two of description. The blade of this knife, not unlike that of a dissecting scalpel, was mounted upon a long slender shank, which, including its large handle, was about eleven inches in length; and with this stem the blade was united, so that its flat, or plane, formed with the stem an angle of 15 or 20 degrees. The first and second fingers of the left hand then being in the back of the vagina, contiguous to the diseased mass (as before observed), by taking the stem-knife in my right hand, I could at pleasure lay the flat of the blade upon the front of these fingers, and urge the point of the instrument a little beyond the tip. The apex of the fore-finger being in this manner converted into a cutting point, by little and little I gradually worked my way through the back of the vagina, toward the front of the rectum, so as to enter the recto-vaginal portion of the peritoneal cavity, frequently withdrawing the stem-scalpel, so as to place the point within the tip of the finger, and then making examination with great nicety, in order to ascertain whether the vagina was completely perforated, minute care being necessary in this part of the operation to avoid wounding the front of the intestine.

Second Stage of the Operation.—A small aperture having been formed in this manner, in the back of the vagina, through this opening the first joint of the fore-finger was passed, so as to enlarge it a little by dilatation and slight laceration (safer than incision). This done, and a cutting edge being communicated to the finger, by placing the plane of the blade in such a manner that its incisory edge lay slightly advanced beyond the side of the finger now lying in the aperture, after drawing the point of the instrument within the tip of the finger, which operated as a guard, I proceeded to make an incision through the vagina transversely,

that is, in a direction from hip to hip; for this purpose carrying the finger with its cutting edge, from the opening in the vagina already made, to the root of the broad ligament on the left side, so as to make one large aperture. I then took a second stem-scalpel, formed on the same model as the preceding, with this difference, that the incisory edge lay on the other side of the blade; and laying this instrument on the fore-finger as before—in such a manner, however, that the cutting edge lay forth on the other side of the finger (to the right of the pelvis, I mean),—I carried the finger thus armed from the middle of the vagina, where the former incision commenced, to the root of the broad ligament on the right side; so that, at the end of this, which was the second step of the operation, the diseased and healthy portions of the vagina behind became completely detached from each other, by a transverse incision, which stretched across the vagina, between the roots of the broad ligaments immediately below the diseased parts. At this time the intestines could be felt hanging about the tips of the fingers; but the blade of the scalpel lying on the finger, in which it was as it were imbedded, the risk of a wound, whether by point or edge, was completely prevented.

Third Stage of the Operation.—The back of the vagina, then, having been divided in this manner, I urged the whole of the left hand, not of large size, into the vaginal cavity—and the more easily because the woman had borne children; afterwards passing the first and second fingers through the transverse opening along the back of the uterus—this viscus lying, as usual, near the brim of the pelvis, with its mouth backward, its fundus forward, and a little elevated just above the symphysis pubis. This manœuvre premised, under full protection of these fingers, now lying between the womb and the intestine, taking a double hook, mounted on a stem eleven inches long, I passed it into the abdominal cavity, through the transverse aperture, along the surface of the fingers already mentioned; and laying it in front of them, near their tips, I converted these fingers into a sort of sentient tenaculum, which, with little pain to the patient, I pushed into the back of the womb, near the fundus, and then drawing the womb downward

and backward, towards the point of the os coccygis, as I carried the fingers upward and forward, I succeeded ultimately in placing the tips over the fundus in the manner of a blunt hook; after which, by a movement of retroversion, the womb was very speedily brought downwards and backwards, into the palm of the left hand, then lodging in the vagina, where, at this part of the operation, the diseased mass might be seen distinctly enough, lying just within the genital fissure.

Fourth Stage of the Operation.—The process of removal being brought to this point, the diseased structure still in the palm of my hand, remained in connexion with the sides of the pelvis, by means of the fallopian tubes and broad ligaments, and with the bladder by means of the peritoneum, the front of the vagina, and interposed cellular web,—parts which were easily divided, so as to liberate the mass to be removed. The broad ligaments were cut through, close upon the sides of the uterus, and in dividing the vagina great care was taken to keep clear of the neck of the bladder and the ureters. This division of these attachments, and the removal of the diseased mass, constituted the fourth step of the operation. Some bits of indurated vagina, altogether not larger than the common bean, were left in the pelvis, to be removed at some future period, should symptoms require. This fact is worth recording.

To this circumstantial account of the operation may be added a few remarks. The intestines did not protrude. About an ounce of blood was lost when the back of the vagina was divided, three or four more ounces following when the vagina was cut in front. Ligatures, tenacula, and forceps, were in readiness to secure the vessels, but these were not required.

The intestines were felt at one time only, namely, when two fingers were lying out through the opening in the vagina behind. Of course some pain was felt when the first incisions were making, and when, as in ordinary obstetric operations, the hand was urged into the vagina; but the principal distress was occasioned by drawing down the uterus, when the retroversion was accomplished, and the ligaments were put upon the stretch.

The pains and complaints scarcely

exceeded those observed in instrumental deliveries. The patient lay in the ordinary obstetric position, and required no restraint. The insertion of the hook into the back of the uterus did not occasion much suffering. The operation, from first to last, occupied about an hour, but much of this time was spent in reposing and considering what might best be done. With better instruments, and greater activity, the whole operation might most probably be completed in five minutes. In obstetrics, however, celerity is considered to be in itself a secondary merit, and the operation was conducted on obstetric principles. The general range of the pulse was between 120 and 130, a frequency common in delivery by instruments.

When the last gush of blood was observed, the pulse became imperceptible in the wrist, returning however in the course of ten or fifteen minutes. A few ounces of spirits were administered to the patient as the operation proceeded. Throughout the process the forefinger of the left hand was the principal instrument, and the scalpels and hooks were employed merely as the means of arming the finger for its various operations. The professional friends who favoured me with their presence were, Dr. Elliotson, Mr. Callaway, Mr. B. Cooper, Mr. Key, and Mr. Morgan. An accident deprived me of the presence and assistance of my friend Dr. Roots. The operation was not undertaken at a venture, but in conformity with certain principles laid down in two papers read before the Medico-Chirurgical Society; the first of them in the year 1819, and the last in the year 1823. The latter, which was not published, contains the proposals for other abdominal operations. The fundamental principles of these operations, as there stated, are rested upon numerous observations made upon the human body, and a sufficient number of experiments upon brutes. Should the case here narrated come before the eyes of the public, I hope it may tend to diminish any unreasonable prejudices against experiments and experimentors. The feeling is respectable, but by the designing it may be misdirected. In Lisfranc's operation I conceive there must be some misapprehension. I think I run no risk in saying, that by his method of procedure, as understood here, what

the English accoucheur means by cancer of the uterus, must frequently be irremovable.

It is now five months since the parts were extirpated, and the patient is fat and well, and designs to return to her husband. The interception of the access to the ovaries is a complete security against extra-uterine impregnation. The head of the vagina is closed by the bladder, which lies upon it. The recovery was easy enough, but as the details may, perhaps, be deemed desirable, they shall be communicated at an early opportunity. The patient had been ill for eight or nine months before the operation was performed.

No. 1, Great George Street, Westminster,
August 2d, 1828.

PATHOLOGICAL AND SURGICAL
OBSERVATIONS
RELATING TO
INJURIES OF THE BRAIN.

BY B. C. BRODIE, F.R.S.

Surgeon to St. George's Hospital.

(Continued from page 235.)

Treatment of Concussion of the Brain.

ALTHOUGH the treatment which is required in the first period which elapses after an injury of the head is neither various nor complicated, yet, in order that it should be conducted with advantage, it is necessary that many circumstances should be taken into consideration. We are called upon not only to do that which is to contribute to the relief of the present symptoms, but to guard against future ill consequences; and where no symptoms actually exist, we are to look to those which may occur hereafter, and which proper measures of precaution may enable us to prevent or mitigate.

It is commonly remarked that two opposite methods of treatment have been recommended in cases of concussion of the brain; the one consisting of the exhibition of stimulants and cordials—the other comprising blood-letting, and what are usually termed antiphlogistic remedies. Here, however, as on many other occasions, the opposition of opinion is probably greater in appearance than in reality; and I am inclined

to believe that if the advocates of the respective systems were questioned on the subject, it would be found that the views which they entertain are not essentially dissimilar. I suppose that none of those who have suggested the exhibition of stimulants would actually be inclined to apply this practice to cases in which the pulse has regained its strength and regularity; and, on the other hand, I conclude that no one among those who have advised the use of the lancet, would think of taking away blood when the patient lies with pale cheeks, and cold extremities, and a feeble and intermitting pulse, or would refuse to resort to the cautious exhibition of cordials and stimulants where these symptoms are so urgent that he is manifestly in danger of sinking, in consequence of the depressed state of the circulation which has followed the first shock of the injury.

Cases of this last description are however in reality of rare occurrence: and there are indeed sufficient reasons why we should regard that condition of the system which approaches to syncope, as being, in the great majority of instances in which it exists, conducive to the patient's welfare, and why we should wish to prolong, rather than to abridge, the period of its duration. The same blow which gives rise to symptoms of concussion frequently occasions the rupture of some small vessels within the cranium. The same state of the system which produces an enfeebled action of the heart is calculated to prevent the ruptured vessels from pouring out their contents; and the longer it continues, the less is the danger of internal hæmorrhage. If we artificially excite the action of the heart by the exhibition of wine and ammonia, we are in danger of inducing symptoms of pressure on the brain. If, on the contrary, we watch the gradual restoration of the pulse, and at the proper moment take from the arm a sufficient quantity of blood to prevent the heart resuming its wonted action, it is probable that we may often succeed in checking or arresting an extravasation of blood on the surface of the brain, or among its membranes, which might otherwise prove fatal. There is also the following very important circumstance, which is not to be overlooked in this part of the inquiry. A state of depression is followed by a state of excitement. As the patient re-

covers from the former, the pulse, with respect to fulness and strength, becomes raised above the natural standard, and it is evident that this affords an additional argument in favour of the practice which is here recommended.

The same views respecting the prevention of internal hæmorrhage, which incline us to take blood from the arm in the first instance, cannot fail to influence our conduct afterwards. There is no evident reason why vessels, which have once bled, should not be liable to bleed again within the cranium, as well as in other situations. I have already mentioned a case in which a patient, who was apparently going on favourably, suddenly expired in consequence of such secondary hæmorrhage, on the fourth day after the occurrence of the injury. If similar cases are rare, this may reasonably be attributed to the remedies which modern surgeons, with few exceptions, do not fail to employ. At any rate, where so much is at stake, we are called upon to neglect no measures of precaution; and however small the danger from this cause may really be, the surgeon should provide against it, by frequently inquiring into the state of his patient: by urging the necessity of continued repose of body and mind, by limiting him to a scanty vegetable diet, by the exhibition of laxative medicine, and by the abstraction of blood, whenever the state of the pulse indicates that this may be done with propriety.

Independently of the foregoing there are other considerations which might of themselves lead us to adopt the same method of treatment. I believe that the patient in cases of concussion will generally spontaneously recover from that state of insensibility in which he remains after the vigour of the circulation is restored. But, nevertheless, from the best observations which I have made on the subject, I cannot doubt that his recovery is much assisted by repose and low diet, and depleting remedies. Often, immediately after being bled, the patient, who before was in a state of stupor, exhibits manifest signs of returning sense. Further, it may be urged that concussion is liable to be followed by inflammation of the brain, or its membranes. Now I do not mean to say that such inflammation can always be prevented, or that the abstraction of very large quantities of

blood will make the patient a better subject for it, if it should occur; but it seems reasonable to suppose, and our experience of these cases, and of other cases bearing an analogy to them, confirms the opinion, that there is less danger of inflammation where the antiphlogistic treatment has been carried to a moderate extent, and where the patient has been kept in a state of perfect quiet, than where bleeding and laxative medicines have been neglected, and the patient has been allowed to exercise his body and mind, and to live on his usual diet.

The quantity of blood which the vessels of the brain contain depends very much on the position of the head with respect to the rest of the body. Not only in cases of concussion, but in all other cases where there has been an injury of the brain, or one likely to affect the brain, the head and shoulders should be raised by additional pillows, so that the blood may have an easy descent to the right side of the heart. In addition to this, in severe cases of concussion, the head should be shaved, and compresses should be applied constantly, moistened with a cold evaporating lotion. Opiates should be avoided. It is difficult to conceive what good purpose they can ever have been expected to answer; and, at any rate, they tend to constipate the bowels, and not unfrequently cause a confusion of symptoms, the patient complaining of head-ach, of which it is difficult to say whether it belongs to the injury itself or to the opium.

In taking a view of the various satisfactory reasons which may be urged in favour of a particular plan of treatment in cases of concussion of the brain, we must not overlook the circumstance that this treatment may be carried too far: and we must endeavour to avoid the error which I have known some surgeons fall into, of resorting to a too free use of the lancet. At first when the reaction of the heart has taken place, it may be right that the patient should lose a considerable quantity of blood, so as completely to subdue the force of the circulation. Afterwards, for the most part, it is only an occasional blood-letting that is required, and that to a moderate extent. It has appeared to me that this mode of proceeding has usually done more, both towards relieving the present symptoms,

and preventing subsequent inflammation, than a more active system of depletion: and where very large quantities of blood have been already taken away, if inflammation should shew itself, our resources are comparatively limited, and we are not able to meet it with that energy and vigour which the circumstances of the case require.

Where bleeding has been carried to a great extent, symptoms frequently occur which in reality arise from the loss of blood; but which a superficial observer will be led to attribute to the injury itself, and concerning which indeed it is sometimes difficult, even for the most experienced surgeon, to pronounce in the first instance to which of these two causes they are to be referred. Repeated copious blood-letting is of itself adequate to produce a hardness of the pulse, which we shall in vain endeavour to subdue by persevering in the same system of treatment. In many individuals it will produce head-ach and confusion of mind, not very different from what the injury itself had previously occasioned. These things may be observed especially in young females who are disposed to hysteria; and whom I have often known to suffer from a continued aggravation of such symptoms as I have described, while the system of depletion has been continued, recovering immediately on the use of the lancet being laid aside, and on their being allowed to take solid nourishment, with occasional doses of the carbonate of ammonia*.

Treatment to be employed in cases of Compression of the Brain not complicated with Wounds of the Brain or its membranes.

When we consider the variety of circumstances under which compression of the brain may follow an injury of the head, and the different effects which it produces in different instances, we cannot suppose that the same mode of treatment will be found applicable to all cases, or that any such simple rules can be laid down for the conduct of the surgeon as those which we have to guide us in cases of concussion.

There is one most important complication which aggravates very much the ultimate danger, not only of these, but of all other cases of injury of the head; namely, the existence of a wound or laceration of the dura mater. This circumstance also tends to modify, if not to alter, the surgical treatment which is to be adopted. At present I suppose that such a complication does not exist; that the brain suffers from pressure, but that the dura mater is entire, and that there is no exposure of the important parts which are contained within it.

Where the symptoms of compression are such that the patient's life is manifestly in danger, there can be no question as to the propriety of removing the cause on which they depend, where that can be accomplished by means of a surgical operation.

In cases in which there is a fracture and depression of bone, it is generally in our power to remove or elevate the depression. If there be a wound of the scalp we may at once resort to the application of the trephine, or in some cases, where the cranium is not only fractured but splintered, we may do what is required by means of the forceps and elevator, without the aid of the saw. Where, however, the scalp remains entire, it will of course in the first instance be necessary to divide it, so that the bone may be completely exposed, and that the surgeon may be enabled to trace the extent of the mischief which has been inflicted on it.

An operation is also to be resorted to in those cases in which there are symptoms of pressure depending on hæmorrhage between the dura mater and the bone. But here another question arises: what is the evidence which is to enable us to detect a mass of extravasated blood in this situation, and how are we to determine what is the exact part of the cranium which should be perforated by the trephine? I must here refer to an observation which has been already made. Blood is seldom poured out in any considerable quantity between the dura mater and the bone, except in consequence of a laceration of the middle meningeal artery, or one of its principal branches, and it is very rare for this accident to occur except as a consequence of fracture. If therefore we find the patient lying in a state of stupor, and on examining the

* Dr. Marshall Hall has published, in the thirteenth volume of the Medico-Chirurgical Transactions, some excellent practical observations on the effects of copious blood-letting, many of which are applicable to the cases mentioned above.

head we discover a fracture with or without depression, extending in the direction of the middle meningeal artery, although the existence of an extravasation on the surface of the dura mater is not thereby reduced to an absolute certainty, it is rendered highly probable, and the surgeon under these circumstances would neglect his duty if he omitted to apply the trephine. If it happens that no extravasation is discovered, the operation does not leave the patient in a worse condition than he was in before: but if there be an extravasation, although it does not place him in a state of absolute security, it relieves the present symptoms, and gives him a chance of recovery which he would not have had otherwise.

Where no fracture is discoverable, yet if there is other evidence of the injury having fallen on that part of the cranium in which the middle meningeal artery is situated, the use of the trephine may be resorted to on speculation, rather than that the patient should be left to die without an attempt being made for his preservation. I cannot indeed adduce any particular experience of my own in favour of what is here recommended; but I conceive that the instances which have been recorded, in which the middle meningeal artery has been ruptured without any fracture of the bone, and the known fact that there is sometimes a fracture of the inner table of the skull, while there is none of the outer table, sufficiently justify such an experiment in desperate cases, or even in those in which there is much danger. Our judgment may be assisted on those occasions by attending to the rule laid down by Mr. Abernethy: "If there be so much blood on the dura mater as materially to derange the functions of the brain, the bone to a certain extent will no longer receive blood from within; and by the operation performed for its exposure, the pericranium must have been separated from its outside. I believe that a bone so circumstanced will not be found to bleed, and I am certain that it cannot bleed with the same freedom and celerity as it does when the dura mater remains connected with it*."

In applying the trephine on account

of a fracture with depression, the removal of a small portion of bone is generally sufficient; and there is indeed no sufficient reason for removing any considerable portion of the cranium. But in resorting to the application of the trephine, on account of an extravasation of blood on the surface of the dura mater, our practice should be different. The bone should be removed extensively, so as to expose at any rate a large portion of the surface of the dura mater, in which the extravasation has taken place. The necessity of attending to this rule was impressed on my mind by a case which came under my care in the hospital, in the year 1814. A man was admitted with a fracture of the parietal bone, and a large extravasation of blood, between the cranium and the dura mater. I removed two triangular pieces of bone with a straight saw, and a large quantity of blood, partly fluid, partly coagulated, escaped through the opening that was made. The symptoms under which the patient laboured, were immediately relieved, and for several days he appeared to be going on favourably. But suppuration ultimately took place on the surface of the dura mater, wherever the extravasation had separated it from the bone. The opening made by the saw being in great measure occupied by granulations from the dura mater, afforded no opportunity for the free escape of the pus which was formed in the neighbourhood, in consequence of which the abscess burrowed between the dura mater and the bone, separating them from each other, much farther than they had been separated originally. As soon as I had discovered what was taking place, I removed another portion of bone with the trephine; but the mischief had now become so extensive that the operation gave scarcely temporary relief, and the patient died. Reflecting on the case afterwards, I could not but acknowledge that if I had removed a larger portion of the bone in the first instance, so as to expose the extravasated blood more completely, the pus which was afterwards secreted could have been freely discharged, and the life of the patient would in all probability have been preserved.

But the most common cause of pressure on the brain is an extravasation of blood within the cavity of the dura mater. Here, if there be any large collec-

* Abernethy on Injuries of the Head. Edit. 1797. pp. 33, 34.

tion of blood in one mass, it is generally in the basis of the cranium; sometimes in the substance of the brain, at other times in the cells between the tunica arachnoides and pia mater. In either of these cases it is beyond the reach of an operation. There may indeed be a large extravasation of blood on the superior surface of the cerebrum immediately beneath the dura mater: but if such an extravasation does exist, in what manner are we to become informed of its existence? We may regard it as a general rule, that an operation is not applicable to cases of compression of the brain from internal extravasation. But there are few general rules in surgery, to which some exceptions may not be made. Let us suppose a case in which a considerable portion of bone has been already removed; in which the dura mater is seen exposed, of a blue colour, lifted up by a collection of blood beneath it, and bulging as it were into the aperture, which has been made in the cranium. Are we justified in puncturing the dura mater for the purpose of allowing the extravasation to escape? Every thing that we see of wounds of the dura mater tends to prove the very great danger of this kind of injury. The dura mater should never be wantonly punctured; but we cannot doubt that, in what may be regarded as desperate cases, it must be right to give the patient the chance, small as it may be, which the division of the dura mater affords him. The combination of circumstances which would lead to such an operation, must be very rare, but it may occur nevertheless, and the surgeon should be prepared to meet it. The late Mr. Chevalier was called to a child a year and a half old, who had received a severe blow on the head. The child lay in a state of insensibility, and was affected with convulsions. There was no wound of the scalp, but on an attentive examination of the head the fontanel appeared to be somewhat elevated. Mr. Chevalier was led therefore to make a crucial incision of the scalp, by dissecting up the corners of which he exposed the fontanel. He then made an angular incision of the right side of the fontanel, and raised the membrane forming it so as to expose the surface of the dura mater, beneath which the purple colour of extravasated blood was plainly to be seen. A punc-

ture being made carefully with a lancet, the blood issued at first with considerable force, spouting to the distance of a foot. Three or four ounces of blood escaped; the symptoms were immediately relieved, and the child recovered without any further unfavourable symptoms*.

The following case, which is still more remarkable, was communicated to me by Mr. Ogle, of Great Russell-street, in whose practice it occurred some years ago:—

A woman, who kept a cellar in Monmouth-Street for the sale of second-hand linen, &c. fell from the street, head-foremost, to the bottom of the cellar. When taken up she was in a state of total insensibility. Mr. Ogle being immediately sent for, found her lying as if in a fit of apoplexy. He ordered her head to be shaved, and, on examining it afterwards, discovered no wound of the scalp, but observed that she flinched very much when pressure was made on one spot near the anterior and superior angle of one of the parietal bones. Having made an incision of the scalp at this part, he could perceive no appearance of fracture. Nevertheless, as the woman was manifestly in imminent danger, he thought it expedient to remove a portion of the bone with the trephine. Immediately on the bone being removed, the dura mater of a dark colour rose into the opening, nearly as high as the external surface of the cranium. Convinced, from its appearance and from the feeling of tension communicated to the fingers, that a fluid was interposed between it and the brain, and that that fluid was blood, Mr. Ogle ventured to puncture the dura mater with the point of a lancet. The puncture was instantly followed by a stream or jet of blood, which spirted out to the height of some feet. Immediately on the blood being discharged, the woman, who till that moment had continued totally insensible, opened her eyes. After looking about her, apparently amazed, she exclaimed, "What is the matter? what are you doing with me?" and was able to give a clear account of the manner in which the accident had occurred. From this time she recovered, without any untoward symptoms. It was impossible to ascertain

* Medical and Physical Journal, Vol. VIII. p. 505.

the precise quantity of blood which escaped through the opening of the dura mater, but Mr. Ogle supposes it to have been about three quarters of an ounce. But cases such as these are to be regarded as out of the common course of events. The ordinary cases of extravasation within the dura mater from injury, are to be treated as we treat cases of apoplexy, or of paralytic seizure, in consequence of a blood-vessel within the head being ruptured from disease; on the same principle as that on which we treat other cases of internal hæmorrhage. Take blood from the arm so as to reduce the force of the heart's action: repeat this, or take blood by cupping, as soon as the pulse has recovered from the effect of the former blood-letting: administer active saline purgatives; let the head be shaved and bathed with a cold lotion, being kept at the same time in an elevated position; and although such a plan of treatment will not effect the cure of a patient who lies with stertorous breathing in a state of perfect stupor, many will recover under it, in whom the symptoms of pressure have been very urgent. In some instances a slight improvement is perceptible from day to day, until, at the end of two or three weeks, the patient seems to be restored to his natural condition. In other instances his recovery is less complete, and a partial loss of nervous power may remain for many months; or such a memorial of the accident as a dilated pupil, a benumbed hand, or a paralytic limb, may exist for a much longer period—for years, or even during the remainder of the patient's life.

BLEEDING IN INJURIES OF THE HEAD.

To the Editor of the London Medical Gazette.

SIR,

SINCE my communication to you on the subject of bleeding after severe injury, I have received the 14th volume of the *Medico-Chirurgical Transactions*, in the second part of which is an elaborate paper on Injuries of the Head, by Mr. Brodie. Had I read this before I wrote my letter, I should certainly have referred

to it. It contains much useful information, collected from different sources, as well as from the author's own experience; and though Mr. Brodie has not favoured us with his decided opinion on the effect of bleeding on the action of the heart, I think a general inference may be drawn from the paper in favour of the practice, and more especially in head cases, in which experience is constantly shewing us the errors we are likely to be led into by deciding on the nature of the injury by the symptoms produced. I need only refer to Mr. Brodie's paper in proof of this statement; and as in all cases of pressure, either from extravasation or any other cause, we have the authority, I believe, of all the best surgeons for lessening the volume of blood passing through the head by bleeding—and the discrimination of these cases is so very difficult—I think the injury to be derived from bleeding in concussion has been too strongly insisted on in theory, and frequently produced fatal effects in practice. If, from a possibility of doing wrong, we abstain from that plan which reason points out to us as likely to prove right, we shall often sacrifice our patients' lives to preserve our own reputation. I may here observe, that Mr. Brodie states in his paper, that in concussion the immediate cause of death is the stoppage of the action of the heart, and he reminds us that this action may be carried on without the influence derived from the brain: reasoning from these data, I think I am justified in assuming, that the chief object in cases of severe concussion, is to enable the heart to resume its action. I believe we are all agreed as to the propriety of applying external and internal stimuli when any part of the system has received so severe an injury as to stop most, if not all, the natural functions of the body, but I am aware that I shall meet with much opposition to the practice of immediate venesection. It will be said, What! bleed a man when he is pale, cold, and nearly dead? Why, sir, he wants blood to be put into him, instead of taking it away. To this I should reply, that he has as much blood in his body as he had before the accident, and the vital functions depend upon the quality much more than upon the quantity of the blood; that if the blood cannot circulate through the lungs to be submitted to the alteration thus produced, it no

longer serves the purpose of blood. Now, I think the attainment of this object may be favoured by judicious bleeding. I think much may be said in favour of this treatment from the principles by which the motions of dead matter is governed; and though I am aware these principles will not apply to all of the animal functions, there are others that must in some degree be regulated by them; for instance, in the subject before us, the muscular power of the heart, in its healthy action, is equal, with the aid of the arteries, to circulate the blood freely through the body—the power being equal to the weight it has to move; but if the power be lessened, and the weight remain the same, I think we may be justified in acting on mechanical principles, and lessen the quantity of blood, while we at the same time endeavour to produce the action of the heart by stimulants. Much more theoretical reasoning might be brought forward, but I shall forego it, for the sake of a more certain guide, experience, which I think will be found to shew that more patients recover from concussion accompanied with hæmorrhage, than without. Some of the severest cases of concussion, with complete insensibility, which I have lately seen, were from kicks from a horse, with profuse bleeding.

I likewise call your attention to a case before the public in the *Lancet*, No. 250. The man was struck by the handle of a machine, and brought to the Westminster Hospital in a state of insensibility: the frontal branch of the temporal artery was bleeding profusely; there had also been considerable hæmorrhage from the left ear. The after treatment was such as is commonly had recourse to in cases of concussion. The patient did well. I have received a letter, stating, that in my former communication I either overlooked or neglected to speak of a strong full pulse, as the principal indication for bleeding. I beg to observe to the writer, that I should not have troubled your readers with the consideration of cases in which no surgeon could doubt of the propriety of bleeding, but that I wish to call their attention to the following question—whether, in severe injuries of every description, threatening the death of the patient, it be good or bad practice to endeavour to restore the healthy action of the heart by gradually taking

away venous blood, in conjunction with the stimulating treatment I have before mentioned? I am aware that the case which I have related to you in my last, may be brought forward against the treatment I am advocating; but in searching after truth we are not justified in withholding facts because they do not support our own opinion. In the same spirit of feeling, I call the attention of those surgeons who speak so decidedly against bleeding to the second case reported from St. George's Hospital in your last number—from a blow on the head. "The man was stunned for upwards of an hour, and when he regained his senses he found he was lying deserted in the field, and bleeding profusely from the wound." The after symptoms in this case, I think, plainly shew that the danger to be apprehended upon the receipt of the injury was from the effects of concussion, and yet this man bled profusely from the head for an hour; and, in my humble opinion, this was the principal cause of his recovery. The matter is now so fairly before the public, that I shall with pleasure leave it in the hands of those who have more opportunities of observing, and are better able to judge of the propriety of the treatment than I am. In conclusion, I refer you to the *Edinburgh Medical and Surgical Journal*, volumes 9, 10, and 17, for cases of concussion in which bleeding was employed immediately upon the receipt of the injury. They all recovered.

W. HILL.

Wotton-under-Edge,
July 26th, 1828.

VALUE OF BOTANY.

To the Editor of the London Medical Gazette.

SIR,

PERMIT me to make a few observations on a letter inserted in your last *Gazette*, professedly a notice of Dr. Allman and the Dublin school, but actually an attack on botany and its professors generally. This the writer appears partially to have felt, for in the fourth column of his communication he admits, "truly I was forgetting Dr. A. all this while; I had almost let slip from my memory that I was to sketch the Professor rather than the science."

The letter of "Eblanensis" I read

with no slight surprise, and am fain to confess that I was fairly at fault to conceive from what premises such damnable conclusions could be drawn; for had not he himself declared it, I should not have supposed that any one would have presumed to condemn a science with which, in the same breath, he asserts "I never could form even a bowing acquaintance, under the Doctor's auspicious introduction." That botany has continued as "coy a dame to him" as ever, becomes notorious, from his assertion that "it has been well observed, and must even by botanists themselves be admitted to be the truth, 'that the chief business of botany is the naming of its tools;' and this," he adds, "is what they dignify with the name of a science."

This is *not*, Sir, "what botanists dignify with the name of a science"—"the naming of its tools" is *not* "the chief business of botany." A detailed account of botany, its extent, and its advantages, your limits will not allow; neither can a matter so universally admitted require proof. As well might we restrict the meaning of the term "botany" to its original "*grass*," as to the diagnostic branch alone. It comprehends a knowledge of plants in general, and of all that relates to them. Phytography, too often pursued as the sole end and aim, "is but a part, and that the least interesting and important part, of philosophic botany."

"The diagnosis is, no doubt, a useful and desirable study; but with a less absolute abuse of words might that man be called a botanist who is well acquainted with the structure, functions, and laws of life in vegetables, although he might know not the name of a single plant, than him who could name each plant that grows, if ignorant of phyto-logy." Such not being the science that "Eblanensis" hath pourtrayed, to botany, properly so called, his remarks do not apply. Yet "this, to the contracted view of vulgar minds, may seem to be beyond its sphere; but it is by such superficial and contracted ideas that the science is robbed of half its charms, and that which should be a study of things, too often rendered a task of uncouth and barbarous names."

On this subject the value of your columns forbids me to dilate, therefore I will only ask, can it be that such a science "contracts the intellectual, as well as the moral qualities?" Can it

be, that while "most other sciences tend to develop the faculties, imparting a comprehensive and expanding influence, botany has a tendency of quite an opposite character?" Such may be the theory of "Eblanensis," but is it supported by facts? Before such an hypothesis be advanced, the adage should be remembered, that "the devil has invented practice to contradict theory." Let botany be judged by its effects. Did it "contract the intellectual and moral qualities" of Ray, Evelyn, Grew, Sloane, Linnæus, Haller, and many, many others? not to mention Sir Joseph Banks, "upwards of 40 years President of the Royal Society,—a man thoroughly penetrated with a pure love for the science of botany." Can it be that these and other illustrious philosophers have largely devoted their time to a study "that can only be deemed worthy of a certain degree of consideration," because "there is certainly no sort of knowledge, however humble, that does not possess some little share of intrinsic importance?" Can it be that a science which the most learned of our profession have ever highly valued, will, "at a time not very far distant, have completely dropped off, as a useless branch of medical education?" Or can it be that our Colleges so grossly err, as to recommend and require this knowledge, if, "for the purposes of the healing art, botany (as your correspondent asserts) is positively worse than useless?"—Hard words, Mr. Editor—"barbarous phraseology," with which, I hope, we shall never "be forced to become familiar."

The sarcasm on Linnæus seems very like "raising the hoof against the lion dead:" the others are unworthy notice. As to the *significant* terms of botany, let it be remarked, that to the prurient mind alone are they improperly significant. Hath "Eblanensis" been always so "right merry" on "a very pleasant day," as never to have observed the hemlock and the rose growing on the same spot; the one affording a delightful odour, the other elaborating a deadly poison—the difference depending not on the soil, but on the plant? So is it, saith the fable, with those who pervert the *significant* terms of botany.

Yours obediently,

A BOTANIST.

July 30, 1828.

SUPPLY OF WATER IN THE
METROPOLIS.

Report of the Commissioners appointed by His Majesty to inquire into the State of the Supply of Water in the Metropolis.

(Concluded from page 275.)

IN order to ensure the subjecting of all these various specimens to the most careful and rigid examination, upon one uniform system, we put them, for that purpose, into the hands of Dr. Bostock, a gentleman eminently qualified for the task by his extensive knowledge of chemistry, and his practical experience in this department of analysis. In the Appendix will be found the detailed account of his examinations, in the accuracy of which we have every reason to repose the fullest confidence. In his report to us, he justly remarks that it would have required a much longer space of time than was allowed him, to have performed a complete scientific analysis of so many specimens of water; but the results he obtained are quite sufficient for the object proposed, and to which we more particularly directed his attention, namely, "to ascertain how far the water of the Thames, contiguous to, or in the neighbourhood of London, is in a state proper for being employed in diet and various other domestic purposes."

The general conclusion he deduces from the whole series of examinations is expressed in the following passages of his report:—

"It appears that the water of the Thames, when free from extraneous substances, is in a state of considerable purity, containing only a moderate quantity of saline contents, and those of a kind which cannot be supposed to render it unfit for domestic purposes, or to be injurious to the health. But as it approaches the metropolis it becomes loaded with a quantity of filth, which renders it disgusting to the senses, and improper to be employed in the preparation of food. The greatest part of this additional matter appears to be only mechanically suspended in it, and separates by mere rest. It requires, however, a considerable length of time to allow of the complete separation; while, on account of its peculiar texture, and comminuted state, it is disposed to be again diffused through the water by a

slight degree of agitation, while the gradual accumulation of this matter in the reservoirs must obviously increase the unpleasant odour and flavour of the water, and promote its tendency to the putrid state.

"Regarding the greatest part of the extraneous matter in the Thames, as mechanically mixed with it, we may conceive that a variety of incidental circumstances will affect its quality in the same situation and under the same circumstances of the tide; but the observations are sufficiently uniform to warrant us in concluding, that the water is in the purest state at low tide, and the most loaded with extraneous matter at half ebb. It would appear, however, that a very considerable part, if not the whole of this extraneous matter, may be removed by filtration through sand, and still more effectually by a mixture of sand and charcoal."

The examination of the water taken from the London Dock, shewed that it did not contain the smallest appreciable quantity of copper.

We have also endeavoured to gain information from various other sources respecting the state and purity of the Thames water, and its general fitness for domestic use; and from such inquiries it appears proved to us, that the quality of the water within certain limits, included in what may be called the London district, has suffered a gradual deterioration within the last ten or twelve years. We found this opinion upon the well-ascertained fact of the disappearance of fish from those parts of the river, to such an extent, as to have led to the almost entire destruction of the fishermen's trade between Putney Bridge and Greenwich; and upon the circumstance that the eels imported from Holland, can now with great difficulty be kept alive in those parts of the Thames where they were formerly preserved in perfect health. We also learn that the fishmongers in London find it impossible to preserve live fish for any length of time in water taken from the same district.

The causes of these effects are, perhaps, principally to be traced to the increase of certain manufactories, amongst which, those of coal gas are the most prominent, polluting the river by their refuse; to the constant passage of steam-boats, by which the mud is stirred up, and to the peculiar nature of that

mud within the above-mentioned precincts. The very circumstance also of the great abundance with which water is supplied to the houses and manufactories of the metropolis, appears to be essentially connected with the augmented impurity of the river; for where refuse animal and vegetable matter of various descriptions used to be collected, and from time to time removed for the purposes of manure, it is now indiscriminately washed into the sewers, and conveyed into the Thames: and the sewers themselves are rendered much cleaner than formerly by the quantity of water which runs to waste, and which, as already remarked, has rendered them less offensive, especially in those parts of the town where they used to be most liable to stagnation and consequent putrescence. Thus it has been stated to us that the water of the river is more polluted immediately after heavy rains, which force down the contents of the sewers, than after a continuance of dry weather, when its course is sluggish or altogether arrested; and the results of experiments we directed to be made on the subject fully establish this fact. The great increase which has of late years taken place in the population of London, and of its suburbs on every side, must also be attended by a proportionate augmentation in the quantity of extraneous matter carried down into the Thames.

There are other circumstances affecting the fitness of the water, as now taken from the river for the supply of the town, which, though less general in their influence, should not be overlooked; such as the position of the suction pipes of the engines belonging to some of the companies in regard to the mouths of sewers, the quantity of dead animals thrown into the river in and about London, its contamination by the offal of slaughter-houses, and a variety of other causes, which we need not here specify, but which will be found on reference to the evidence; some of these we have inquired into in detail, and have anxiously sought for means by which the nuisances in question might be remedied or abated; but it is manifest that, if the general quality of the river water be objectionable within the whole of that district whence the supplies for the metropolis are drawn, any remedies for local evils become comparatively unimportant; and al-

though these diminish as we ascend the river, we apprehend that their influence, with that of the other contaminating causes, will be more or less felt nearly to the extent to which the tide reaches.

The statements which have been made respecting the insalubrity of the Thames water, as supplied by the companies, have also been considered by us; and although, from the few cases which have been brought before us of disorders imputed to this cause, we do not feel ourselves warranted to draw any general conclusions, we think the subject is by no means undeserving of further attention. There must always be considerable difficulty in obtaining decisive evidence of an influence, which, although actually operating to a certain extent as a cause of constitutional derangement, may yet not be sufficiently powerful to produce immediate and obvious injury. It cannot be denied that the continued use of a noxious ingredient in diet may create a tendency to disorders, which do not actually break out until fostered by the concurrence of other causes; for we unquestionably find an influence of the same kind exerted by other agents, which occasion merely a certain predisposition to disease, and of which the immediate operation must therefore be extremely insidious and difficult to trace. It is obvious that water receiving so large a proportion of foreign matters as we know find their way into the Thames, and so far impure as to destroy fish, cannot, even when clarified by filtration, be pronounced entirely free from the suspicion of general insalubrity. In reference also to this question, we apprehend that there are no grounds for assuming the probability of any improvement in the state of the water drawn from the London district of the river.

Although the principal supply of water by the New River Company is not open to the same objectionable impregnations as that of the Thames, we think it, nevertheless, susceptible of much improvement. The occasional deficiency in quantity, which suggested the necessity of the engine at Broken Wharf, might be obviated by allowing a portion of that supply to be drawn from the River Lea, at Lea Bridge.

But here, as in respect to the Thames, the water is occasionally very muddy, receiving as it does the drainage of a considerable extent of country, in con-

sequence of a right claimed by the proprietors of adjacent lands, and which the company have at present no means of obviating; neither have they any power to prevent persons from bathing in their aqueduct.

These evils they would very gladly remedy, if enabled to do so; and their removal, together with the adoption of an extensive system of filtration, would materially contribute to the perfection of the New River supply. Great benefit would result, not only to the extensive district of London supplied by this company, but also to the public at large, if the inducement to bathe in the open canal of the New River were superseded by the establishment of baths in the neighbourhood of the metropolis, to which the public might, under certain regulations, be allowed access. It has been stated to us in evidence, that the New River Company have voluntarily offered to furnish sufficient supplies of water for a purpose of such manifest and general utility.

Taking into consideration the various circumstances to which we have now adverted, together with the details of evidence by which they are proved and illustrated, and also the facts derived from our own observation and experience; we are of opinion, that the present state of the supply of water to the metropolis is susceptible of, and requires, improvement; that many of the complaints respecting the quality of the water are well founded; and that it ought to be derived from other sources than those now resorted to, and guarded by such restrictions as shall at all times ensure its cleanliness and purity.

Various schemes proposed by different individuals, for the attainment of these desirable objects, have occupied our attention in the course of our inquiries; but the complete examination of any plan of this kind, with reference to its practical efficiency and expediency, would necessarily have required the taking of surveys of the ground, and the determination of levels of different points comprehended in such plan. The limits which have been assigned to our inquiry, and the manner in which our Report has been demanded, have precluded such further investigation of this important subject as we had originally contemplated, and for which, indeed, we had been making preparation. But while we must, consequently, re-

frain from any further remarks upon the remedies applicable to the existing evils, and upon the best means of conveying a sufficient supply of water of unexceptionable quality to the inhabitants of the metropolis, we are unwilling to close our labours, without expressing our strong sense of the importance of this object to the public, and our earnest hope that its full investigation, by competent persons, will not be long deferred. As, however, the materials we had collected with a view to this more extended inquiry may still be useful to those by whom the inquiry is resumed, we have thought it proper to insert them in the Appendix to this Report. Some part of the evidence offered to us by one of the companies, relating to projected alterations and improvements, and which was not in a sufficiently mature state to be made public, has, at the request of that company, been withdrawn, on their finding that we had not the power of prosecuting the inquiry to the extent originally contemplated.

We have not entered into the question of the effects resulting from the mutual compact agreed upon by the several water companies on the Middlesex side of the Thames, with regard to the limitations of the districts they respectively supply, it having been expressly stated to us by his Majesty's Principal Secretary of State for the Home Department, at the time our commission was issued, that the grievances imputed to this cause were not to form any part of our present inquiry, inasmuch as they had been the special subject of consideration by a Select Committee of the House of Commons, appointed for that purpose in the year 1821, and by whom a report relating to those matters has been made. The opinion given by that Committee was, that in consequence of the peculiar nature of the undertakings of companies for the supply of water, where large capitals must necessarily be vested in fixed machinery, and where, from the commodity furnished being of no value but for consumption on the spot, the sellers are confined to the market by the nature of the trade, the principle of competition in its application to such companies requires to be guarded by particular checks and limits, in order to render it effectual without the risk of destruction to the competing parties, and thereby ultimately of a serious injury to the public. The only

remark we shall venture to make upon this subject is one naturally suggested by the evidence which has come before us in the course of our inquiries, namely, that if, on the one hand, the preservation of the present water companies, from which the public have undoubtedly derived immense benefits, would be endangered by unlimited competition with new companies that might be established for similar objects, it must, on the other hand, be evident, when due regard is had to the consideration, that the constant and abundant supply of pure water is an object of vital and paramount importance to the inhabitants of this vast metropolis; that the dispensing of such a necessary of life ought not to be altogether left to the unlimited discretion of companies possessing an exclusive monopoly of that commodity; and that the interests of the public require, that while they continue to enjoy that monopoly, their proceedings should be subjected to some effective superintendence and control.

P. M. ROGET, (L.S.)

WM. THOS. BRANDE, (L.S.)

THOMAS TELFORD, (L.S.)

9, New Palace Yard, Westminster,
April 21, 1828.

MEDICAL GAZETTE.

Saturday, August 9, 1828.

“*Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*”—CICERO.

FELLOWSHIP OF THE COLLEGE OF PHYSICIANS.

THE Lord Chief Justice lately, in half a sentence, settled the question, that the College of Physicians has a legal authority. Indeed the whole profession were already pretty well informed both of its nature and extent, and according to what regulations it was exercised.

This authority, and the mode of using it, have at various times provoked abundance of envy, hatred, and malice,—whether justly or unjustly, we cannot

tell. But we are sure that at the present moment all such feelings are greatly mitigated, and that the College enjoys much good will from the profession—quite as much, perhaps, as a body so constituted can ever obtain. We think that it might enjoy more, and we wish that it did; but, to this end, a better order of things must first come to pass. The great body of physicians in England will pay a willing allegiance to the College as their head only when they feel that by its constitution, its conduct, and its character, it has a just right to their respect.

Now the credit of the College must always rest principally upon the Fellows. They are its privileged order, and rule and regulate all its concerns. Upon the constitution of the Fellowship, and the qualifications which serve as a title to it, we wish to make a few observations.

The possession of an English degree in medicine, is the only sure and certain title. A probation of ten years as a licentiate, and a certain, (we may say, perhaps,) a high degree of personal merit, also furnish a title. But this is not an absolute title, being subject equally to the good will and the disregard of the president. Besides, the elections into the Fellowship by the first claim are without limit; those by the second, are restricted to one a year.

It is obvious, therefore, that the majority of the Fellows must be English graduates.

Now the preference thus given to English degrees is justified on this ground—that the rank of physic, as an honorary profession in this country, is greatly upheld by its having constantly among its members those who have been educated in the same manner, and in the same habits, with the best style of English gentlemen.

We admit this argument to be very reasonable, and we approve of the prin-

eiple which gives encouragement to English education; but we fear the College has too often sacrificed both the reason and the principle, by accepting the mere form instead of the reality, of this English collegiate education as a title to the Fellowship.

It is notorious, that one of the universities is very easy in the terms upon which it admits *ingenuous* youth to the honours and privileges of its medical degrees. It spreads its net far and wide, and brings home a miraculous draught of fishes.

Nine half terms at Cambridge complete the residence required for a medical degree: and if it be passed at certain colleges, which are preferred for their accommodating principles, very few acts are required of compliance with the studies or the discipline of the university from the individual: he is supposed to be studying physic—that is enough.

There are constantly to be found in Cambridge a number of men who would never have thought of going thither but for the sake of seeking a way into the College of Physicians in London. This number is increasing year after year, and if the university do not reform their system, or the College of Physicians theirs, this facility of obtaining (what used to be considered) the most honourable degree in medicine, will ruin the respectability of the profession.

Among these medical term-trotters, at Cambridge, are to be found tradesmen, and refugees from other professions; and physicians, who have formerly graduated elsewhere, and not succeeding in practice, impute their failure not to themselves, but to error in the forms of their education, and forthwith betake themselves to Cambridge as supposed medical students, and leave their names upon brass plates in London as supposed medical practitioners.

There is not an instance, within our

memory, of any man who has adopted this sly manœuvring kind of education ever succeeding in his profession. Those Fellows of the College who have gained, or who are gaining the confidence of the public, have all resided in the universities for the universities' sake, and have, many of them, been distinguished among their contemporaries there; and those Licentiates who have gained or are gaining the confidence of the public, have made the best of the circumstances under which they are placed, and have retired upon their own personal characters, to compensate any supposed disadvantages of their situation in the College.

The College of Physicians has certainly not acquired strength by the numerical increase of its Fellows; yet it ought to have done so; and unquestionably it would have done so, if every one of its hundred Fellows had gone fairly through the discipline of such studies as are in repute at either university. Out of an hundred men, who by this discipline would (to say the least) have enjoyed uncommon advantages of previous education, more eminent physicians must have grown up than are to be found amongst the Fellows of the College.

Now the whole profession are interested in the remedy of this evil, for the whole profession are concerned in the character of the body which presides over it. But what shall be the remedy? Probably, the universities would not bear patiently the interference of the College in their discipline, or even allow it to suggest to them the condition of granting medical degrees. But the College might do this—it might cease to examine the bearers of English degrees for admission into the Fellowship, as a matter of course; it might examine them simply for a license, and elect them subsequently according to their character, with or without a

second examination, into the Fellowship. It is the system of indiscriminate admission to the Fellowship against which we protest.

Whether this plan would be the best that could be devised, we do not pretend to say; but we are sure that some plan must be quickly thought of, or the heavy weight which is adding itself year after year to the tail of the Fellowship *will pull the College to the ground, and keep it there.*

Surely we cannot be thought to wish ill to the College, when we call upon it, for the credit of our common profession, to raise the standard of qualification in those who lay claim to its highest honors!

HOSPITAL OF SURGERY.

A NOTICE is posted up at this Institution, to inform the *public*, that the Sunday meetings are to be discontinued till October! The reason of this arrangement is not mentioned, but it is supposed to have arisen from the number of visitors interfering too much with the *extensive* business of the HOSPITAL.

SINGULAR CASE OF FUNGUS.

To the Editor of the London Medical Gazette.

SIR,

A SINGULAR case of fungus has recently fallen under my observation, and as none of your regular reporters seem to have met with it, I beg to send the particulars for insertion in your Journal.

Thomas Wakley lately applied for admission at St. Bartholomew's Hospital, under the following circumstances: A few months ago a small *fungus* or *excrescence* made its appearance immediately under his nose, to which at first he paid little attention, as but a short time previously he had observed something of nearly the same external characters, which, however, in a few weeks dropped off, without giving him any trouble. The present fungus, however, had assumed a more threatening aspect even from the commencement—at first

it was of a yellow colour, but within a week had changed to a light green, and occasioned such a constant sense of smarting, that the poor sufferer made various unsuccessful attempts to extirpate it. These produced a great deal of constitutional irritation, and a very rapid and alarming growth of the fungus. The patient now experienced great torture, but being extremely anxious to hide his sufferings, he made light of them, assuring his friends that the adventitious growth gave him no uneasiness; indeed, that the sensation it produced was rather pleasant than otherwise. It soon, however, became evident to all, that he could not long maintain the struggle, but was rapidly sinking under the effects of irritation acting upon an unhealthy constitution; indeed, his countenance bore evident marks of mortification having supervened. Finding that the excrescence did not drop off as he had expected, and that it could no longer be concealed, he applied at St. Bartholomew's Hospital, in order to have it extirpated. The surgeon of the week, however, did not choose to hazard his reputation by complying with his request, as the patient's general system was observed to be of a gross and inflammatory character, his tongue extremely foul, and his powers of digestion very imperfect. The patient, who had long been dreadfully troubled with flatus, was now seized with a diarrhoea, which lasted some weeks, and was accompanied by fits of delirium, which came on periodically—for the most part on Friday evening. His friends were for some time very anxious about him; but by the free use of the lancet, and the evacuation of a prodigious quantity of bile, he partially recovered, though in a very emaciated condition, and with the excrescence altogether undiminished.

He has since applied at various hospitals, and other public institutions, but without gaining admission anywhere, as his habits are known to be very intemperate, and his constitution very prone to inflammatory attacks. None of the surgeons whom he has consulted look upon the fungus as malignant; indeed, its disposition to spread, and the extent to which it disfigures a countenance naturally prepossessing, are the only circumstances which can account for the extreme anxiety of the patient to get rid of it.

Should any one attempt the extirpation, you shall not fail to hear again from
Q IN A CORNER.

CHILD WITH LETTERS MARKED ON THE IRIS.

THERE is at present exhibiting in London a child, said to have the words "Napoleon Empereur" depicted on the eye. This phenomenon attracted much attention in Paris a short time ago, and the following are extracts from letters written by a gentleman then in the French capital:—

*Extract of a letter from Paris, dated
May 16, 1828.*

"A child, four years old, is now in Paris, with the words "Empereur Napoleon" on the right eye, and "Napoleon Empereur" on the left, in white letters on a blue ground. Magendie, Cuvier, and about forty scavans, have seen it, and will testify the truth. The child will probably go to England, where, no doubt, he will make a fortune."

*Extract of a letter dated Paris, May
26, 1828 (same author).*

"The child with the letters on its eyes is still in Paris, and there appears to be no doubt that the effect is natural, and not, as you suppose, by the operation of tattooing, or puncture. The mother accounts for it in this way: she was a violent Bonapartiste, and her brother, who was one of Bonaparte's guards, gave her, at parting with her, when going to the army (where he was killed), a new 20 sous piece of the Emperor's; this she religiously kept, but being poor, was obliged to part with it to pay the contribution, which affected her so much, that she cried bitterly for three or four days. At this time she was in the family way."

According to the conjecture of the writer, the child has been sent to England: whether the second part of his supposition will prove correct or not, remains to be seen.

There are various instances on record in which individuals have been said to have words (generally a name) marked

upon the iris. For the most part these individuals have had light-coloured irides, marked with lines of various figure, and generally of darker colour; and, with the help of a little imagination, something like letters may occasionally be discovered. In the present case, the iris is of a light blue or grey colour, and is traversed by lines of a lighter colour, or nearly white. Among the irregular figures thus formed, a *willing* spectator may read Napoleon Empereur—or any thing else.

MR. BROOKES'S MUSEUM.

THE sale of this splendid collection is still continuing, and many of the choicest anatomical preparations, and specimens of morbid anatomy and natural history, are yet to be disposed of. Those anatomical preparations which were known to have been dissected by Mr. Brookes, have been eagerly sought after, and have generally brought high prices. Mr. Cliff has been a constant attendant, and the College of Surgeons has purchased freely and liberally. A very spirited competition took place for the skeleton of the Peruvian Paco, a most beautiful animal, between the College and Mr. Temminck, who has been sent over expressly for the purpose of enriching his national collections, by the Dutch government. It was sold to the College for thirty pounds. It is said to be the only skeleton of this animal in Europe. The Chilian Lama, presented to Mr. Brookes by Lord Darnley, produced twenty-six guineas. This lot was also bought by the College.

With every true lover of his profession, and of science in general, it must be a subject of deep regret that the value and interest of such a collection should be diminished by separation. Many reports have been circulated of handsome offers having been made for the whole museum, on the part of government and different universities. They are, however, without foundation. We know, from the best authority, that no attempt even has been made to secure this invaluable collection as a national museum, or to promote the cause of science by attaching it to any university.—
London Medical and Physical Journal.

EXAMINATION FOR DEGREES AT
CAMBRIDGE.

*To the Editor of the London Medical
and Physical Journal.*

SIR,

It has been recently much the fashion to decry, for party purposes, the education which the English Universities require for their graduates in medicine.

After the same education which is demanded from persons qualifying for the learned professions, as the church or the bar, a sufficient time elapses, before the first medical degree is conferred, to enable them to acquire (with powers of mind reasonably believed to be improved by such previous education,) medical science at any of the universities on the continent, or in Edinburgh or in London, as they please. The test of their proficiency is an examination, without passing which they are not admitted to their first degree in medicine; a degree, be it observed, which does not even authorise practice until a license is given *ad practicandum*, and which is wholly unavailing in London until the possessor of it has been examined and licensed by the London College.

The following are the questions set to the candidates for the degree of M.B. in the University of Cambridge, in June last. The public will judge whether such an examination is inferior to any in Europe in difficulty, and whether persons answering them fully on paper are not qualified for admission to their first degree.

I am, Sir, your obedient servant,
VERAX.

Examination for M.B. Degree. 1828.

No. I.

1. Describe the Cæliac Artery, its branches, and their distribution.
2. What are the branches of the External Carotid Artery?
3. Describe the Sinuses of the Brain, their form, situation, and structure.
4. Describe the origin, course, and distribution, of the Par Vagus.
5. What are the Nerves distributed to the muscles of the face? What is the difference in function attributed to the fifth and seventh pair?
6. Describe the Pericardium, its situation, attachments, structure, and use.
7. Describe the Omentum, its form, at-

tachments, and position. What is meant by the small Omentum?

8. Describe the Duodenum, its position, attachments, and structure.

9. What are the changes which the Blood and Air undergo in respiration? Is the Circulation assisted by atmospheric pressure?

10. What is the chemical composition of Bile? What purpose does this fluid serve in the animal economy?

11. For translation, Aphorisms from Hippocrates.

No. II.

1. What are the morbid appearances found on the dissection of persons who have died from Apoplexy?

2. Explain the Pathology of Dropsy. In what cases is bleeding to be recommended in this disease?

3. In what stage of Measles does diarrhœa usually occur?

4. What remedy does Sydenham recommend in the diarrhœa supervening on Gout?

5. What is the distinction between erythematous and phlegmonous Inflammation?

6. What are the symptoms and treatment of Tetanus?

7. In what class and order of Cullen's Nosology is Dyspepsia placed?

8. How do we distinguish Pleurisy and Peripneumony?

9. What are the symptoms and treatment of Cholera Morbus? How do we distinguish this disease from the effects of the swallowing of arsenic? What are the best tests of the presence of the arsenious acid?

10. What are the mode of preparation, the dose, and the medicinal powers, of the Bizmuthi Subnitras?

11. How is the liquor Ammoniaë prepared? What are the medical virtues and dose of this preparation? What is the chemical composition of Ammonia? What is its equivalent number?

12. How is the Acetas Plumbi prepared? What are the medical virtues and dose of this preparation?

What is the formula for the liquor Plumbi Subacetatus dilutus?

13. What is the mode of preparation and dose of the Infusum Digitalis? With what medicines is it incompatible?

To what class and order of Linnæus does Digitalis belong? To what natural order?

14. For translation, a passage from Celsus.

[Quere.—Will Verax take upon himself to say that the questions must be answered in order to obtain the degree?
E. G.]

HOSPITAL REPORTS.

PARIS HOSPITALS.

Cysts with Bony Parietes, developed in the Substance of Bones.

M. DUPUYTREN has more than once called our attention to these tumors, which he was the first to describe accurately. If, he observes, fibro-cellular tumors often develop themselves in the substance of the soft parts, and more especially in the uterus, similar tumors may also be found occasionally in the substance of bones. A contusion, or some other accident, may form the germ of such affections, and when once they have commenced, their increase is easily to be conceived. They are united to the neighbouring parts by a pedicle, which transmits their nourishment and life; and their growth is at once the consequence of this connexion, and the cause of the separation of the osseous laminæ. But, although it is easy to conceive that a solid matter interposed between the bony cells may, by its progressive growth, separate and distend them to a considerable extent, it is more difficult to comprehend how such cavities can be developed, containing only a fluid, and how this fluid can act with so much power as to separate and distend the cellular structure of a bone: nevertheless, the fact is so. M. Dupuytren has observed several examples of this kind of tumor, either in the extremities of the long bones, in the bodies of the vertebræ, or still more frequently in the bones of the face, in the upper or lower jaw.

These cysts contain either a solid or a fluid matter. The following case is a remarkable instance of the former.

CASE I.—It is now about twenty years ago that a young man presented himself at the Hôtel Dieu, on account of a large tumor which swelled up his cheek, and occupied the right horizontal portion of the lower maxillary bone. This young man had been destined for the church, but had been refused admittance into the seminary, in consequence of the above tumor. M. Dupuytren examined it with attention, and was convinced that it was seated in the bone itself. When pressure was made upon the parietes of the cyst, which was of an oval form, he felt a slight crepitation, similar to that which is experienced in rubbing a piece of dry parchment between the fingers. The knowledge which the

professor had acquired of the existence of these tumors with bony parietes, the absence of any fungous growth, or lancinating pain, together with the excellent state of health and the youth of the patient, joined to his ardent desire to get rid of the disease—all these circumstances determined M. Dupuytren to attempt its removal, and to induce him to believe that this was not a case of osteo-sarcoma.

He therefore made a large incision at the labial angle*, which was prolonged in the direction of the jaw, and carried within the mouth. The bony cyst was divided, a small quantity of reddish serosity escaped, and a fibro-cellular mass was perceived, which was partly extracted with a pair of pincers: suppuration destroyed the rest; and by means of repeated injections, the cure was completed, the edges of the cyst approaching each other little by little, so that the patient retained but a very trifling deformity.

CASE II.—About three months ago, the sister of a physician inhabiting the neighbourhood of Tours, a young woman of from 20 to 30 years of age, handsome and robust, came to consult M. Dupuytren, on account of a tumor, the size of a hen's egg, which was situated on the right horizontal branch of the lower jaw. M. Dupuytren having examined it, and finding that there was neither lancinating pain nor varicose degeneration, and also remarking the feeling of crepitation on pressing the parietes of the cyst, assured the patient that it was not a case of osteo-sarcoma, an opinion which had been previously entertained. Delighted with a prospect of a cure, she entreated M. Dupuytren to perform the operation which he had declared to be necessary. The tumor projected more within the mouth than exteriorly; it pushed the tongue out of its situation, and its growth appeared to have been determined by the incomplete extraction of a carious tooth. An incision was made within the mouth, upon the surface of the cyst; and upon opening into it, a great quantity of bloody serum escaped, but, at the bottom, a solid mass was perceived, which was extracted, and found to be perfectly analogous to adipocere: it was so in fact—probably arising from the change produced on the animal matter of the

* This is the only case in which Dupuytren has ever divided the labial angle.

food, which had penetrated the cyst through the alveolus of the tooth, and which had become so metamorphosed during its long stay within the cavity. A few injections, and poultices to the cheek, a bleeding, and a rigid diet for some days, were alone necessary to effect the cure. This patient is perfectly free from every vestige of tumor or deformity.

CASE III.—The report of the above successful case brought another young woman to the Hôtel Dieu, a short time ago, affected with a disease, to all appearance similar, and who therefore hoped for a cure. In this girl the tumor was also oval, and about the size of a hen's egg; it was situated in the ascending branch of the lower jaw, on the left side. Its growth had been slow, without any lancinating pain, or change of colour in the skin. The tumor was most prominent outwardly, and its position rendered a different mode of operating necessary. The sense of crepitation was as distinctly felt in this as in the two former cases, and several persons who had examined the tumor had felt it;—however, the number of persons who handled the tumor caused this crepitation to disappear; but M. Dupuytren, being convinced that he had felt it, attributed its disappearance to the constant and frequent application of the thin parietes of the cyst to the parts contained within it. On the 11th of July the operation was performed: the crepitation which had disappeared was again manifest, arising probably from the parietes of the cyst having reacquired their elasticity. An incision, about an inch in length, was made along the posterior edge of the masseter muscle, beginning some lines below its middle. In order to avoid wounding the vessels and the fascial nerve, the incision was continued down to the angle of the jaw; the edges were then separated, and the cyst was perceived, covered by a membrane which M. Dupuytren conceived to be serous, and which was soft and velvet-like to the touch. The whole surface was smooth and even. A stroke of the knife was then made across the bony cyst: a reddish bloody serum immediately escaped in abundance; a plug was afterwards introduced between the lips of the wound to keep them apart, and emollient injections were made into the cavity, a poultice applied to the cheek, and the patient was or-

dered to be bled in the arm, if necessary. Up to the present time, every thing is going on well—the cyst is suppurating, and the patient is free from pain and fever.

This case has given M. Dupuytren an opportunity of explaining the diagnostic sign of these tumors, and to establish the marked distinction which exists between them and the osteo-sarcoma, with which they might be confounded upon a superficial examination. The osteo-sarcoma is announced, from its very commencement, by lancinating pains, by a varicose tumefaction, by the participation of the neighbouring soft and hard parts, by fungous growth, and by the inequality of its surface. In these tumors, on the contrary, the neighbouring parts do not partake of the disease: the surface of the cyst is smooth and equal, and its growth is without pain; the osteo-sarcoma grows rapidly; the tumor above-mentioned increases slowly. The osteo-sarcoma is internally mingled with bony fragments; which are never met with in the tumors. As to the crepitation, it is never observed in the manner above described in the osteo-sarcoma; whereas it is a pathognomonic sign in the cases alluded to: it resembles that which M. Dupuytren has remarked in those tumors situated half above and the other half below the ligament of the carpus; with this difference, that, in that case, the crepitation proceeds from the striking of one against the other—the upper one displacing the lower, or *vice versâ*.—*La Clinique*.

ASYLUM FOR THE RECOVERY OF HEALTH.

[From a Correspondent.]

ON Saturday, August 2, Mr. Keate performed the operation of lithotomy on a boy, æt. 8 (the son of a respectable surgeon in the country), at the Asylum for the Recovery of Health, in Lisson Grove. The stone, which was of considerable size, was extracted with the usual dexterity of that eminent operator, and the patient is going on extremely well.

This is the second operation for the stone which Mr. Keate has performed lately at the Asylum.

ST. THOMAS'S HOSPITAL.

CASE I.—*Erysipelatous Inflammation of Lower Extremity, successfully treated with Quina.*

RICHARD WRIGHT, aged forty-five.—This patient, seven months since, had a fracture of the patella, followed by extensive inflammation of the cellular membrane of the limb, and ulcerations; these had nearly healed, and he was regaining his strength, when, in the night of July 6th, the whole leg again became inflamed, and at five the following morning he had a shivering fit; four hours afterwards he had a second.

July 8.—He had another rigor: the integuments of the leg were on this day inflamed from the groin to the heel, with considerable swelling; pulse 90, and small; tongue had a dry brown fur; some head-ache.

Dr. Elliotson saw him, and ordered

Quininae Sulph. gr. v. 4tis horis, and a milk diet.

July 17.—He had taken the medicine regularly up to this time: the inflammation of the integuments had entirely subsided; abscesses had formed in several situations in the cellular membrane; the fever was entirely gone.

He continued to take the quinine until July 22, when it was found to produce so much diarrhoea that it was ordered to be left off, and a pint of porter, and an additional quantity of milk daily, prescribed.

28th.—There was a degree of phlegmonous inflammation of the cellular membrane in different parts of the limb, as if more abscesses would be formed; but every thing like erysipelas had entirely disappeared, and there was no fever.

CASE II.—*Erysipelas of the Face successfully treated with Bleeding and Calomel.*

Aurelia Suesnak, aged eighteen, was admitted, under Dr. Elliotson, on July 12th, with erysipelas of the face and head, attended with so much effusion, that the eyes were completely closed, and the whole face had nearly lost all similarity to the human countenance. The pulse was 130, and soft; the tongue was red at the fore-part, whitish behind. She had vomited before she came in; there was cough, with

great pain and tenderness of the right hypochondrium. She was immediately bled to \bar{z} xxx. She bore this loss of blood without fainting, and obtained an immediate diminution of pain. The head was then shaved, and a cold lotion applied; and hyd. submur. gr. x. ordered to be given every eight hours, until her mouth should become sore.

The following day the erysipelas had diminished, but the symptoms of abdominal inflammation were aggravated. These, under the usual depletory means, subsided in a few days; and at the end of a fortnight the face had resumed its usual colour and dimensions, and the indications of visceral disease had almost entirely disappeared.

These cases show very well the absurdity of applying the same name to forms of disease so unlike, and requiring such different treatment.

GUY'S HOSPITAL.

CASE I.—*Fracture of the Skull, with Depression—symptoms slight.*

MURTY SULLIVAN, aged 27, an Irish labourer, was lowering goods by a crane, on a wharf, June 30, when the handle slipped out of his hand, and the weight running down rapidly, the handle, in one of its revolutions, struck him with great force on the forehead: he was knocked into the river, but taken out immediately, and very soon recovered sensibility and consciousness.

When he was brought to the hospital, the symptoms of concussion were very slight: a wound of the integuments was found to have been produced, with a fracture, by which a portion of the frontal bone, about an inch square, was partially separated, and a little depressed. There being not a single symptom which indicated that the brain was compressed, nothing was done but applying simple dressings to the wound.

V. S. ad \bar{z} xx. Calomel gr. x.

July 1st.—He had passed a good night, was perfectly sensible, had only a little pain in the head, with a pulse which was quite healthy, except that it had a little hardness. Some calomel and opium were given for one or two successive nights, and the bowels kept open.

July 4th.—He had not had an unfavourable symptom: there was no pain

of head, and only a little soreness around the wound. At the end of a fortnight he was perfectly well, and was discharged.

CASE II.—Fracture of Skull—some Depression—symptoms very slight.

James Brown, aged two years, admitted under the care of Mr. Key, July 4, was struck by a large stone on the fore-part of the head. A compound fracture of the frontal bone, near its junction with the parietal, was the consequence. The fracture was not extensive, and there was slight depression. There were trifling symptoms of concussion for a few hours after the accident.

Ol. Ricini \mathfrak{z} ss. was given at bed-time.

On the following day he was found to be rather drowsy, but was easily aroused, and then appeared quite sensible. There appeared to be no pain, the pulse was rather full, and the pupils were quite sensible to light.

On the 6th, the whole appearance indicated that there was no injury of the brain. A little purgative medicine was given at intervals during the following week, when the child was taken away by his parents.

He has been seen since at the surgery, and found to have no effects of the accident remaining, except the wound of the scalp, which was healing.

CASE III.—Fracture implicating the Frontal Sinus—symptoms severe.

Mary Downart, aged 14, was kicked above the left eye by a horse, July 13. She remained insensible for some minutes, and, according to the account of those who brought her, she vomited at intervals during several hours after the accident. She was found to have a wound of the integuments, with a fracture through the superciliary ridge, and apparently running backwards through the orbital plate of the frontal bone. One edge of the fracture was a little depressed, and there was an opening made into a cavity which, in situation, corresponded with the frontal sinus. The upper eye-lid was ecchymosed, and there was a small wound below the eye.

V. S. ad \mathfrak{z} viiij. Hirudines xx. fronti et tempori.
Calomel gr. vj. manè. Mist. Cathart.

14th.—At nine this morning the pulse was 85, weak, and rather sharp; there was a very marked expression of drowsiness, from a degree of paralysis of the upper eye-lid on the side opposite to the fracture. The pupil of that eye was contracted; the left being covered by the dressings, could not be seen. Complained of being drowsy, and said she had pain at the fore-part of the head. An enema had been given in addition to the other medicine prescribed, but had produced only one stool. She had vomited once since the last report.

Five, P.M.—Was still drowsy, felt giddy, and had more pain; had been a little delirious during the day; pulse 100, full, and rather hard; no more vomiting; bowels well opened.

Ten, P.M.—Pulse sharper.

V. S. ad \mathfrak{z} x.

15th.—The disposition to dose, with the pain, continued; the pulse was much softer; had been well purged. Both the upper eye-lids were ecchymosed, and there was a purulent discharge from the conjunctiva on the affected side, with inflammation and swelling of the integuments of that half of the face. For this last were ordered fifteen leeches, with a poultice.

16th.—Inflammation of face diminished; less pain of head; pulse 80, small, and rather sharp; tongue white; still some drowsiness; pupil natural; bowels relaxed.

17th.—Face less inflamed; every other unfavourable symptom diminished.

20th.—The wound was healing, but a small surface of the bone was exposed, and appeared as if it would exfoliate.

August 1.—Wound healed, except a small sinus leading to exposed bone. Perfectly well in every other respect.

These, though accompanied by fracture, may be looked upon as cases of concussion. The last shows the danger which attends that accident even when it is apparently recovered from. There can be little doubt that inflammation of the brain, or its membranes, commenced early, and that if it had not been checked at once by the treatment adopted, the case might have terminated differently.

It is worthy of remark, that in the case in which the concussion was most

strongly marked, the most active depletory means were adopted, and that within a few hours of the accident.

As stated in the report, there was a little depression in each case; but in the first and last, there was reason to believe that the inner table of the skull was not fractured; and the depression in the second case, although of the whole thickness of the bone, was very slight.

G.

ST. BARTHOLOMEW'S HOSPITAL.

A case in which Cerebral Symptoms succeeded to a Compound comminuted Fracture of the lower end of the left Tibia and Fibula, extending into the Joint, with Fracture of the Astragalus and right Os Calcis—Death.

JAMES BARNES, æt. 40, painter, on the 1st day of July last was employed to paint a window, about ten feet above the level of the pavement, and finding his foot slip, and that there was no means of saving his fall, he made a spring, and came to the ground upon his feet. He was immediately removed to St. Bartholomew's Hospital, when the lower end of the tibia, and fibula of the left side, were found to be broken, a small wound in the soft parts, about the size of a sixpence, communicating with the fracture. Upon examining the opposite foot the os calcis was likewise perceived to be fractured. A cold lotion was applied to the limb, and the man went on remarkably well for three days, resting at night, and having little or no pain, or swelling, either in the wound or in the course of the limb.

On the fourth day after the accident his brain became suddenly affected; his countenance changed; his eyes dull and heavy, the pupils somewhat dilated; his pulse, from being natural, became slow and very small; and his urine and fæces came away involuntarily. His tongue was brown, and he had the appearance of one in the collapse of fever. The limb looked inflamed, and in a state of suppuration. The cerebral symptoms continued up to the 23d, on which morning he died, about 4 o'clock A.M.

Post mortem examination the same day, at 2 o'clock in the afternoon.—Upon cutting into the fracture of the left leg, a number of little pieces of bone, about a quarter of an inch in length, were found about the broken

end of the tibia, while other portions looked as if they had been comminuted. The fibula was fractured about one inch from its lower end, and rather higher than the fracture of the tibia. There was a fracture extending from the lower end of the tibia into the joint of the ankle, where there was also to be seen a transverse fracture of the astragalus. No union of the bones had taken place, but there was a deposition of osseous matter around the fracture. There was a great deal of suppuration round the part. The os calcis of the opposite side was found broken across its base, the fracture extending into the joint. On opening the skull two or three ounces of fluid escaped from beneath the dura mater. The vessels of the brain were turgid, and there was a slight yellow gelatinous effusion beneath the arachnoid membrane. Cutting into the substance of the brain the medullary matter did not look so smooth as usual; and pressing the finger over the surface, very small granules were felt, which upon being drawn out by means of a small forceps, proved to be the blood vessels; they had a gritty feel, and were evidently ossified. There was about an ounce and a half of fluid in the lateral ventricles. The choroid plexuses had one or two of those little round transparent bags adhering to them which have been called hydatids—one of them was about the size of a kidney bean.

This man had also a curious hydrocele; it differed from that of the common form, in having a contraction around it which divided it into two unequal portions, the lower one being the largest by nearly a third. At first it looked like a hydrocele of both sides, but the testicle of the left side being excluded from the swelling, decided this matter. Upon opening the hydrocele only one portion of serum came out, and a septum was found to divide it from the one above, which looked like a hydrocele of the cord.

Aneurism of the Abdominal Aorta.

Mary Ball, æt. 32, of spare habit, was admitted in Hope-ward, under the care of Dr. Hue, on the 12th June, complaining of a pain and stiffness in the left thigh and hip, for which she was cupped, and took Dover's powder at night. The case was looked upon as rheumatism. She concealed the ex-

istence of a tumor at the lower part of the abdomen. She requested to go into a warm bath, and expressed herself relieved by it; but upon repeating the bath a few days after, she felt a sensation of something having burst internally, and complained to the sister, who for the first time discovered a swelling in the abdomen. Upon being questioned, she said it had been there about two years, but that she did not make it known to any one, thinking that it might burst internally, and subside, which she said it had done once or twice.

She was now (July 1st) admitted into Faith-ward, under the care of Mr. Lawrence. The tumor pulsated strongly, and occupied the left iliac region. She had a cold lotion applied to the part, and took some purgative medicine.

The swelling and pain increasing, she took pil. Sap. c. Opio. om. noc. and was directed to repeat it in two or three hours, if necessary. In this way she lingered on to the 22d, on which day she died. She had not felt great inconvenience in walking till very lately.

Post mortem Examination.—On laying open the abdomen a large tumor was seen occupying the left side of the abdomen and pelvis, and being very firmly attached to the surrounding parts. The viscera of that side were considerably displaced, and closely adherent to the sides of the sac by dense cellular tissue. The sac was of an irregular shape, and seemed as if it had been formed at different times by repeated extravasations of blood. Upon its anterior surface there was an indentation which received the left kidney. The lower part of the sac was the widest, a small portion of which extended beneath Poupart's ligament downwards to the extent of two inches, in the direction of the vessels. The descending colon and rectum passed down in front of the sac, and were very firmly connected with it. Slitting open the abdominal aorta, a small aperture, the size of a goose-quill, was observed about half an inch below the celiac artery, which communicated with the tumor. The artery, in the whole of its extent, was otherwise sound, and had no patches upon it; its caliber was rather small. Exposing a portion of the interior of the tumor, it was found to have caused the absorption of a part of the bodies of four of the lumbar vertebræ. The contents of the sac were blood and coagulum lymph.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

MIDWIFERY.

M. BAUDELOCQUE has announced (Académie Royale de Sciences) the following discoveries:—

1. Applying Galvanism to the fœtus, during laborious labours, to ascertain positively whether the fœtus be alive.

2. As a substitute for embryotomy, or removing the child piece-meal, to compress and reduce, by means of a forceps of particular construction, the head or body so much that they may be made to pass through the narrowest and most deformed pelvis.

SPONTANEOUS COMBUSTION OF THE HUMAN BODY.

M. Julia de Fontanelles has lately published a memoir upon this subject: he begins by asking the question, whether spontaneous combustion of the human body be possible or not? and then gives fifteen cases of this accident, of undoubted authority. Of these, eleven were females, all of them addicted to the abuse of wine and spirituous liquors. Two of these cases are especially curious, as exhibiting instances of partial combustion; one of the hand and thigh, which was cured; the other of the left hand, in a young girl of 17. Besides these general facts, it appears, first, that in such cases the combustible bodies placed near the persons so consumed were not burned; second, that the presence of an inflamed body is not necessary to originate the combustion; thirdly, that water, instead of extinguishing, increases the violence and activity of the combustion; fourthly, that these accidents occur oftener in winter than summer. The parts of the body not attacked are struck with sphacelus, and the residue of the combustion is composed of a fatty cinder and an unctuous suet, both of so fœtid an odour as to offend the sense of smell at a great distance. Respecting the theory of the combustion, our author observes, in reply to those who account for these accidents from the spirits drank by the party taking fire on the approach of a lighted substance, that having made experiments by mace-

rating flesh in alcohol for five months without being able to produce this effect, he is obliged to abandon this explanation.

The second hypothesis, supported by Dr. Mace and others, is, that hydrogen gas may possibly be developed in large quantities in various parts of the body, and set fire to either by an inflamed body or by spontaneous electricity. M. J. de Fontanelles was equally unable to produce this effect by direct experiment; and he concludes, from these circumstances, that all the theories hitherto presented on the subject are inadmissible. The above cases afford a marked line of distinction between the ordinary mode of combustion and that which took place in them; in fact, those parts of the body which are the least combustible, such as the liver, spleen, lungs, &c. were always consumed, whilst, on the contrary, the hair was never burnt. If we consider, says our author, first, that it requires a very large quantity of wood to burn a dead body, (so much that it would set fire to the house,) it is impossible that either hydrogen gas or alcohol, which do not set linen on fire, could produce that effect. Secondly, the products of animal combustion are a spongy carbon, very black, shining, and foetid, and only being produced at a very high temperature, whilst the spontaneous combustion begins at a very low temperature, and does not destroy the most combustible parts; therefore it is not the effect of the combination of animal matters with the oxygen of the air. Finally, it is probable, that in certain individuals, especially females, there exists a particular diathesis, which, joined to the state of debility arising from age, an inactive life, and the abuse of spirituous liquors, is capable of giving rise to a spontaneous combustion; but we must not consider either the alcohol, the hydrogen, or a superabundance of fat, as the material causes of this accident. If alcohol has any thing to do with it, it can only be by tending to produce this degeneracy, which may engender new and highly combustible products, whose re-action may induce the burning of the body.—*Revue Medicale*.

DO NOT THE VARIOUS FLUIDS MIXED WITH BLOOD, PASS DURING LIFE FROM THE ARTERIES TO THE VEINS?

With a view to determine this question,

Dr. Mayer performed the following experiments, and makes the accompanying observations:—

By means of the apparatus for injecting quicksilver, three drachms and a half of this fluid were thrown into the right jugular vein of a strong male rabbit. In four minutes the animal died convulsed. On inspection, the greatest part of the quicksilver was found mixed with the blood in the vena cava superior, the hepatic, and hypogastric veins. A few globules were found in the right ventricle, more in the pulmonary arteries, fewer in the pulmonary veins, very few in the left ventricle, a considerable number in the thoracic aorta, some in the coronary arteries of the heart, the abdominal aorta, the renal arteries, and even a few in the left cerebral artery. Next to the lungs, the liver contained most mercury.

Death probably arose, in this case, from paralysis of the heart, produced gradually by the pressure and weight of the mercury; for the greater portion of this heavy fluid regurgitated from the auricle into the vena cava inferior, only a small quantity reaching the ventricle. This experiment, however, clearly proves that the mercury passed through the capillaries, impelled by the contractile force of the ventricle—that is, from the pulmonary arteries to the pulmonary veins. The experiment was repeated several times, and with the same results.

As it might be objected to the above experiment, that the weight and pressure of the mercury had something to do with its passing by extraordinary ways, from the arteries to the veins, milk, as a light fluid, was selected for another experiment.

Cow's milk was thrown into the jugular vein of a rabbit, from three to four ounces being readily received and borne with impunity. If the animal is killed in a few minutes afterwards, not only is the blood in the right side of the heart found loaded with milk, but it is found in that of the cavities of the left side of the heart, of the aorta, and of the vena portæ. It is remarkable that, so long as the blood is fluid, almost no traces of milk can be distinguished even in the blood of the cavities of the right side of the heart, and that it gradually separates as the blood coagulates. If the animal is allowed to live for more than fifteen minutes, milk is less evidently

detected; and in an hour, not at all; the largest share of it, at least the serous part, being excreted with the urine, which, soon after the experiment, is frequently evacuated.

It may be observed, that dissection in these cases did not shew the spleen swollen and distended with blood loaded with milk, as might be inferred by those who suppose that the spleen takes up the chyle and lacteous-like fluids from the blood, and retains and hæmatises them.

It thus appears that there are open canals by which the blood and analogous fluid pass from the arterial to the venous system. The experiments succeed best when a little blood has been taken from the animal previous to their performance.—*Mayer in the Zeitschrift der Physiologie.*

POISONOUS LOBSTERS.

A cargo of lobsters being lately brought to Carlsham, 74 persons were seized with immediate sickness, with symptoms of mineral poison. Mr. Smith, Russian Vice-Consul, and two other persons, died. Search was made for the owner of the vessel who had brought them, but he had left, and is not known. A ship captain, who was brought up to the lobster fishing, and who resides at Carlsham, says, that when lobsters are to be sent to a distant part, it is usual to parboil them, and to strew each layer with salt and a little mercury, to keep them fresh. This seems to explain the mystery, into which the Crown Prince has ordered a strict investigation to be made, as several persons have been taken ill, and one died in a few hours at Christianstadt, where the master of the vessel sold the first part of his cargo.—*Hamburg Paper.*

NOTICE.

DOSES OF OPIUM.—A note, bearing the signature "J. R.," has been handed to us, questioning the possibility of an infant taking four or five minims of laudanum in the course of a day (*i. e.* twenty-four hours), without being destroyed. We forwarded the substance of the note to the quarter alluded to, and were informed, in reply, that the doses stated were not given at hazard, but were the result of actual experience—the quantity mentioned having been administered to an infant, in urgent circumstances, with the apparent effect of saving its life: of course such circumstances are by no means common.

[The following Verses were sent to the Gazette some weeks ago, and the receipt was acknowledged in our Number of July 19th. At this time the Editor not being in London, the Verses were sent after him to one of the provincial towns, where, from accidental circumstances, the letter did not reach him. We think it right to explain to our Correspondent the reason of his communication not having been inserted before; and we trust he will be pleased to see that we have transplanted his Verses into the Journal in which it was his wish to have originally published them.]

VERSES ADDRESSED TO DR. HARRISON.

Fly, Harrison, fly; for thy laurels are faded;
Hie thee home to the geese in the Lincolnshire fen,

In the eye of thy brethren in science degraded;

Dare never to dub thyself doctor again!

Ill-judged, ill-advised, was thy blast of defiance,

Since the sequel is only disgrace and defeat;

On thy courage no more can we place our reliance,

Which could bluster and challenge, then sound a retreat.

Go, lay down thy pen, and wield only the lancet;

Drop the title thou *durst* not profess in the court;

Physicians will ne'er feel aggrieved by the transit,

And surgeons will pause ere they yield thee support.

If thou fearest to face, turn thy back on the college;

Thy patients (and friends?) turn their backs upon thee.

Let others walk straight to preferment and knowledge;

Seek thou, in a *serpentine form*, for a fee!

Yet still, if one spark of high spirit await thee,

Blush, blush for the verdict thy subterfuge gain'd;

Nor let the delusions of triumph elate thee,
Since *to rat* was the only resort that remained.

Fare thee well; for we pity thy abject condition;

Thy honour *distorted*, thy courage *supine*;

Since e'en Campbell for thee waves the rank of physician,

Still stick to thy craft, man; and tinker the spine.

ERRATUM.

In our answer to Mr. Watson's Letter, in our last Number, p. 280, *instead of* "referring to certain information, and in the information to be found at p. 34 of his work," &c. *read*, "referring to certain information at p. 34 of his work," &c.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 37.]

SATURDAY, AUGUST 16, 1828.

[Vol. II.

SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

BY W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

[Continued from page 261.]

CONTINUED FEVER—CONTAGION.

THE constitution of the air, then, is the usual cause of continued fever, and the disease itself is generally an endemic, and not a contagious disease. (I may as well observe here, once for all, that I use the word contagious as synonymous with the word infectious; and that I mean by a contagious or infectious complaint, one which is communicable from the patient to any one who approaches him, even without absolute contact.)

Contagion, however, is very generally, although now not universally, believed to be a fertile source of the disease of which we are speaking; and as this is a question of considerable moment, I think it best to lay before you a fair summary of the arguments which are usually urged on both sides, and afterwards to sum up the whole as impartially as I am able.

The case, then, may thus be stated. It is urged by those who conceive that continued fever arises from the constitution of the air alone, and not from the effluvium of a patient already suffering from the disease—1st, That continued fever—that is, a fever with very slight, and scarcely observable remissions—is, in some instances, indisputably produced by marsh miasmata; is prevalent in low districts at the same

time with intermittents; is occasionally a sequela of intermittent fever; often itself passes into an intermittent or true remittent fever; is marked by the same symptoms as the disease which we have been in the habit of calling typhus, or contagious fever; and is curable by the same means exactly which are applicable to the treatment of that disease.

2dly, That it rages and subsides exactly as endemic diseases are observed to do; that it is not in fact perpetuated in such a way as to justify the suspicion of its being a contagious disease. If it were capable of extending itself from one person to another, they urge that it would be difficult to eject it from a house or a neighbourhood; but that so far from this being the case, it usually occurs in a single individual in a house, and then is extinguished; or if more than one in a house are attacked at once, or consecutively, it is, they think, plain enough that all those so attacked have been equally exposed to the same atmospheric constitution.

They say, moreover, that the cases in which fever has been apparently conveyed by a person who has it into a distant district, so as to excite the disease in that to which he has removed, are exceedingly rare indeed, and are, at all events, not decisive as to the question under discussion; because the same atmospheric constitutions prevail at the same time through very extensive tracts of country, to which, in fact, both the cases of disease may be attributed; although, at first sight, they may appear to have been conveyed by an individual who happens to have passed at that time from one place to the other.

3rdly, They urge that medical men receive no injury from repeatedly ap-

proaching, touching, and absolutely inhaling the very breath of persons labouring under the lowest, and what are called the most putrid varieties of continued fever. They say they are not satisfied with the explanation given of this fact by the believers in contagion; namely, either that the immunity of physicians, and other attendants who are exposed to the supposed contagion, arises from the accidental state of the attendants themselves, and their confidence of safety, which render them for the time insusceptible of the contagion; or else, that the habit of being exposed to it has hardened them against its influence; and they say that they had much rather believe that in the few instances in which there is a semblance of the communication of the disease from one individual to another, that the second has been exposed to the same exciting cause which produced the disease originally in the first, than that the multitude of persons who for a long time together are exposed to the effluvia of patients in fever, and yet escape the disease, should owe their immunity to any other cause than the non-contagiousness of the fever itself.

To this it is answered, by the contagionists, that cases of fever produced in the attendants of patients suffering under the disease, are very numerous; and they urge that even in our own time the medical officers and nurses of fever-houses and general hospitals, in which cases of fever have been numerous, have been largely infected by the disease, and that some of them have absolutely lost their lives in consequence.

To this it is replied by those who doubt the existence of contagion in these fevers, that their opponents, besides exaggerating exceedingly, in this instance also, the number of those who have been infected by the disease during their attendance at hospitals and fever-houses, seem to forget that the medical officers of such institutions for the most part inhabit the district from which their patients are supplied, not to mention that in some instances the hospitals themselves are built in situations calculated from their lowness and dampness to produce fever, and that under these circumstances it would be extraordinary indeed, if, even without any reference to contagion, some of the individuals in question inhabiting districts in which the disease is

prevalent, or at any rate frequenting in the course of their daily occupations places capable of producing the disease, were not now and then attacked by it; and that out of the great number of attendants in hospitals, whether in the character of physicians, surgeons, pupils, or servants, the number so attacked is no larger than may be accounted for by supposing the disease to be endemic or epidemic, and not contagious.

Now, in the whole of this argument, what are the points on which the disputants join issue? What are the particular facts, on the explanation of which the whole question turns? How far do the supporters of the opposite sides of the question agree, and what are the points on which their respective opinions are directly opposed to each other?

Why, the following are the facts, upon the explanation of which, although these facts are themselves allowed to a certain extent, on both sides, the contagionists and the non-contagionists distinctly join issue.

The contagionists say, in the first place, that persons in the same house are sometimes consecutively attacked by the disease. The non-contagionists allow that this is the case; but they assert, that it is more likely to arise from the same miasma affecting all, than from contagion. Well, then, the next point which the contagionists urge is, that when persons who have sickened in one place are removed to another, the fever often breaks out subsequently in the place to which they have been removed. As to this fact also, both parties are agreed; but the non-contagionists say, that when this takes place, it is rather referrible to the accidental occurrence of the miasma in both places, just at the time of the accidental removal of the sick individual, than to the conveyance of the contagion in his person; and that, in fact, although these occurrences are mentioned as frequent, yet that few of them stand on good authority, and that those instances which appear to be authenticated, are not too numerous to be accounted for by the doctrine of chances, in seasons where the febrile constitution of the air is extended over large districts of country; which they state to be more frequently the case than their opponents imagine.

Thus it is that the question resolves

itself into this simple one:—Are the number of instances recorded, of an apparent communication of the disease by contagion, too numerous to be as reasonably supposed to arise from an epidemic constitution of air prevailing in different parts of the country between which there is free communication?

Now, in answer to this question, one party (the contagionists) assert, that they are too numerous to be accounted for by such an explanation; and the other (the non-contagionists) say that they are not so. And, on this head, there is no demonstrative evidence on either side.

There is another point on which the disputants on each side acquiesce to a certain extent, and then entirely disagree.

The non-contagionist says, that the negative evidence is all in his favour. He refers to the hundreds and thousands of individuals who, in attending, nursing, and feeding patients in fever, escape entirely from the disease, unless, indeed, they should happen to be exposed to the atmospheric miasma which produced it in the individuals on whom they are attending. In truth, on this point the contagionists agree with their opponents, for it is a fact too notorious to be doubted; but they say, in explanation of it, that, in ordinary cases, ventilation prevents the activity of the contagion, which requires to be highly concentrated, in order to exert its worst effects on the by-standers. To this the non-contagionists answer, that the immunity is much too general, especially in the many crowded and ill-ventilated situations in which it is observed to exist, to be accounted for in this way.

And here again there can be no demonstrative evidence on either side.

What, then, are we to say on the subject, after a due consideration of all these points?

The truth is, that it has happened, by some means or another, that the opinion of the non-contagionists has been of late unpopular, and considered almost heterodox amongst the more respectable part of the profession. This has partly arisen from the opposite opinion having taken deep root in the minds of medical men, who are naturally averse to a total change of doctrines in which they have been educated, and which they have long held as indisputable;

and partly, perhaps, from the fact that the notion that fever is non-contagious has been lately taken up, and somewhat injudiciously argued by writers—some of whom have held, on other medical points, opinions of an extraordinary character. As, however, I have no fear that I shall be misunderstood here, I will not hesitate to avow (although I am quite open to any new impression on the subject, which other facts and a larger experience may produce) that, from what I have hitherto learned and seen, I am a non-contagionist, as far as this disease is concerned. At the same time, I am far from wishing to impugn either the good sense or candour of those who, in our present state of knowledge on the subject, hold an opposite opinion.

I will now endeavour to state to you, as shortly as I am able, the reasons that have led me to incline to this side of the question.

They are, first, that nothing that I have myself seen (and our own experience has always much influence on our minds, in such matters) is calculated to excite a suspicion, in my humble judgment, of the contagiousness of the disease in question; and, secondly, that it appears to me that there are many circumstances which tend to weaken the authenticity of the facts, and affect the soundness of the reasonings of the contagionists.

These two points I will briefly observe upon. First, with respect to our own experience. In private practice, it is undoubted that almost all the cases of fever which we are called on to treat, are single cases. In some few, very few instances, in which more than one case of fever has occurred in the same house, I have never had the slightest difficulty, or doubt, in tracing them all to the same miasmatic effluvia, or atmospheric constitution.

In public practice also (I mean in hospitals), we find that fevers of every degree of intensity are introduced into the wards of these institutions—(I suppose some hundreds are annually admitted into St. George's Hospital)—and yet there is no instance on record of the disease spreading amongst the other patients. How is this to be accounted for, on the supposition of the disease being contagious? Take, for instance, the cases of the boy Henry Glover and his brother John. The father

brought them to the hospital, and stated they were the only survivors, except himself, of a family of several children, who, with his wife, had all had fever, and all, except these two boys, had died of it. Here, one would say, was a decisive instance of the ravages of contagious fever: but before we are satisfied to allow this, let us hear what the man said about the situation of the house in which he and his family lived. It was in a street behind Cadogan-Place, in Pimlico; close at its back, were the receptacles of the privies of the neighbouring street, which receptacles were rather above the level of his house: in front of his house, and close to it, also flowed the great common-sewer, about which so much has been said, as contaminating the Grand Junction Waterworks. Such being the level and collocation of the house, we need not look to contagion as the source of disease in his family, or be surprised at its ravages. These two boys, the last survivors, were brought into the hospital, from Pimlico, covered with petechiæ, and in every respect exhibiting the symptoms of what would have been formerly called a most putrid fever; and yet we saw these cases, now that they were removed from the source of their fever, mixed up, without any precaution whatever, with the other patients, attended by the nurses, and by the other patients, repeatedly visited by the physicians and many pupils, and yet communicating the disease to none of all these persons, many of whom were obviously predisposed, by exhausting disease, to imbibe contagion, if it existed. Now, even suppose any pupil, or any medical man, or any other individual who had been near these patients, had been then attacked by fever, which was not the case, would it be a proof that the disease was contagious, when a similar fever was to be found in every district, and almost in every street of this metropolis?

It is easy to say that the general immunity from disease in the attendants about cases of fever in the hospital, is to be attributed to the efficiency of the ventilation now in use: but the fact is, that at our hospital, I am sorry to say, the wards in the old building are, from their lowness and defective construction, very ill ventilated, particularly at night, and are then, from their closeness, often exceedingly offensive. Yet there is no ground for the sus-

picion of contagion, at any time, throughout the hospital.

It strikes me also, that the difference is very well marked between this state of things and the mode in which diseases which are unequivocally contagious (such as small-pox, scarlatina, and measles) are conveyed from one individual to another. A person who has not had these diseases cannot pass a child, who has even lately had the small-pox or measles, in the street—can scarcely come within sight of the disease—without imbibing its infection. Nay, more, if an individual has previously had the former disease, I mean the small-pox, yet, if he nurses a patient through an attack of it, he will sometimes be again attacked with it in a modified form himself. It is, in fact, a very rare thing, and an exception to the general rule, for any one who has not gone through these diseases to escape, after being exposed, however slightly, to their contagion. How different is it with respect to fever, to which multitudes can and do approach with perfect impunity; but if, by chance, any unfortunate person who has been living in the same house with, and exposed to the same effluvia, or atmospheric peculiarity, as a patient with fever, should himself be attacked by the disease, the generality of medical men, instead of looking to the state of the air as the cause of the disease in both, at once proclaim it to be a contagious malady; and would rather attribute it to any cause, however trivial, which may accord with their notions of contagion, than look for its source to the atmosphere itself, which, without doubt, is capable, under certain circumstances not exactly detected by analysis, of generating fevers of the fiercest character.

Now, with respect to the other point to which I promised to advert—I mean the circumstances which tend to throw a degree of suspicion upon the facts and reasonings of the contagionists—it is a truth that will not be doubted for a moment by those who are acquainted with the history, I mean the genealogy of disease, that the inhabitants of any place or country whatever have always been anxious to disclaim the origin of diseases themselves, and to attribute it to their neighbours. The history of syphilis is a well-known example of this. The bilious fever of America and the West Indies also exhibits a most strik-

ing instance of this propensity; as it was, for many years, attributed to foreign vessels, which were supposed to bring it to them from other countries, although, if an unprejudiced person had looked all over the world for situations best adapted to the production of the severest bilious fevers, he would at once have fixed on the uncleared swamps and morasses of those countries, as the most obvious sources of febrific miasmata: and yet, how many years of violent controversy did it require to eradicate so unfounded a prejudice as that which attributed this disease to foreign importation. You all know, Gentlemen, that no well-informed medical man believes in the contagiousness of yellow fever; although, if you peruse the controversy in question, no facts, or arguments, which can now be urged, to establish the contagiousness of typhus fever, can excel, in plausibility or force, those which were produced to prove that the bilious fevers of New York and Philadelphia owed their origin to contagion.

I could produce, if it were necessary, many other instances in which the inhabitants of unhealthy districts, even in our own country, have attempted to designate with the name of typhus fever diseases which have evidently arisen from the inherent vice of their soil. What I have said will, however, be sufficient for the purpose of explaining the position which we are considering, and will suffice also to shew, not only the abundance of perplexity in which the question is involved, but also the points which are to be first cleared up, before we have any right to dogmatise on the subject.

But although I have thought it my duty to give you my own impression respecting the question of the contagiousness of this disease, it is far from my wish to induce others hastily to adopt this view of the subject. I was brought up myself with strong prejudices in favour of the received opinion, and I have every day learned to entertain more and more doubts about its accuracy. I shall, however, be perfectly satisfied if my remarks induce you to investigate the question for yourselves, fairly and candidly; and I doubt not you will thus come to a right conclusion, whether the result accords with my views of the subject or not.

But to proceed. It is important to

recollect, whichever opinion we adopt respecting the exciting cause of the disease, that the necessity for cleanliness, and free ventilation of the apartments of the sick, still remains equally imperative, as these are the most important aids to medical treatment in every kind of fever, whether contagious or simply epidemic.

In fact, if we can secure free ventilation, the danger of the extension of the disease to the attendants will, at any rate, actually vanish. If, on the other hand, the apartment in which the patient is lying be miserably foul and close, whichever opinion we adopt, there should be no hesitation in removing him to an airy hospital, even although he may immediately be mixed with other patients in any number.

In truth, perhaps, the cruelty of that opinion, which involves great horror of contagion, has been in no point more glaring than in the system which was often formerly adopted, as soon as a fever broke out in any district, of shutting up the inhabitants of the unfortunate place, (which might itself have been the true source of the disease) to die by hundreds together, without proper medical aid, and without any careful attendance.

A curious fact, in illustration of what I have been saying, is mentioned in Dr. Wilson's book on West India fever. He states, that in the month of October 1819, his Majesty's ship, *Euryalus*, anchored at Barbadoes, from Bermuda: she had a number of fever cases on board; and so strongly did the fear of contagion operate on the minds of men in power, that the hospitals were shut against the sick of the ship, and it was intended to put the vessel in quarantine; to avoid which she put to sea. The sickness increased, and she put into the Danish Island of St. Thomas's, the governor of which gave orders for the immediate reception of the sick in the hospital. Seven were first landed, and numbers afterwards; they were humanely treated by the Danish physicians, and most of them recovered without having communicated the disease to a single person on shore.

But this mode of proceeding, whatever may be our opinion on the subject of contagion, is fortunately unnecessary, and, generally considered, unjustifiable in this country at least.

In order to simplify the question

which we have just considered, I have thought it best to conclude it completely before we touched upon a modification of the doctrine of contagion which is held by a few amongst professional men; namely, that although these fevers may arise from some endemic or miasmatic influence, yet under certain circumstances they may become contagious, and then spread, *ad infinitum*, without the assistance of the original exciting cause. For instance, that the swamp fever of Holland may, from being an endemic disease, become a contagious one; that is, that the human body is capable, after a time, and under certain circumstances, of exhaling the true marsh-miasma, which, after so much investigation, has been pretty well proved to arise from the putrefaction of vegetable matter, in conjunction with water; for without that supposition it is very difficult to conceive the process possible.

Dr. Bancroft says, in speaking of this subject, "that he would as soon believe in the exploded doctrine of equivocal generation as in this." And again, in another place on the subject, he says, "it is absolutely incredible that any inanimate matters, even those secreted by living animals in disease, should, by any natural or artificial decomposition, be enabled, like living animals and vegetables, to assimilate other matters to their own nature, and then multiply and perpetuate disease, except when they have been themselves produced by contagion."

There is one other modification of the opinion just mentioned, which I will very shortly allude to; I mean the doctrine of the contaminatists; which is, that a miasmatic or atmospheric fever, under circumstances of closeness, will emit a concentrated effluvium, capable of infecting, with the same disease, those exposed to it; but that the individuals thus infected will be incapable of spreading the disease farther unless they should, in their turn, be placed in circumstances favourable to the concentration of the exhaled effluvia.

Now, as to this opinion, it is obvious that the objections to the doctrine just now mentioned apply with equal force to this. I conceive, however, that the mistake here has arisen from the following circumstance. It is true that persons who are attending the sick, under

fever, or any other severe disease, especially in an ill-ventilated apartment, have present with them one of the most marked accessory causes of fever; and if, under these circumstances, they are exposed, which they are very likely to be, to the febrific atmosphere, which is generally spread over a great part of the town or district in which fevers are prevalent, however modified and diluted, they will be much more apt than others to fall ill with the same disease as those with whom they have been lately associated.

Without the assistance of the exciting cause, however, I cannot bring myself to believe that they run any risk of imbibing a disease not originally derived from specific contagion.

FOMITES.

We must not dispatch the subject of contagion without remarking on the supposed sources of continued fever, which are called fomites. The latin word *fomes* means any thing which keeps a fire in—which gives it food or nutriment.

So, in one sense of the word, these fomites are supposed to preserve within themselves, for almost any length of time, the flame or contagion of typhus fever, and to have the power of giving the disease to those who may touch or come near them.

What, then, are the substances which are alledged to have this power of retaining and communicating the disease which we are now considering? Various writers have fixed on various articles as capable of acting the part of fomites. One of these authors has shortly enumerated them thus: he says they may be either hard or soft—they may be the walls or the wainscotting of the room—they may be the bedstead or bed-clothes. Any furniture in the house, any wearing apparel, not only of persons susceptible of, or who had suffered from the disease, but even though the person was incapable of receiving the contagion himself, his clothes may communicate it to others. All these, he says, are the articles which we are chiefly to be on our guard against. From this list it does not appear that there are many articles left about which we are to be less apprehensive.

I recollect that the late Dr. Jas. Gre-

gory, of Edinburgh, was in the habit of telling a story in his lectures of this kind, to show the activity of fomites in producing the disease about which we are speaking. He said, that when fever was prevalent at Edinburgh some years ago, an individual was seized with it in common with many of his neighbours; but as he had carefully avoided any communication with the sick, he was at a loss to account for his being attacked by it; at last he recollected that some time previously he had been walking along the street, and kicked up some chaff or saw-dust, which it was alledged had been swept out of some house where there was fever; a fact by no means improbable, because the disease was in almost every street of the town.

Now the doctrine of the Edinburgh school at that time (and I believe that even to this moment it continues the same) was strongly on the side of the exclusively contagious origin of typhus fever, and the teachers were in the habit of explaining the fact that so many individuals had constant intercourse with the sick without catching the disease, by saying that this immunity depended on the innocency of the contagion itself, except in confined situations, where it was highly concentrated. But it is not easy to explain how they could consistently look to such a circumstance as this, acting on a person in health in the open air, as the cause of his subsequent illness. I confess my disposition is to explain the whole story in a very different manner. I mean by believing that the undrained state of the city itself, and the then swampy condition of the low ground which divides the new and old town, and is now kept in high order, was quite a sufficient source of fever in certain states of the weather; and was, in fact, a more likely cause of the illness of this individual, in common with his fellow-citizens, than the saw-dust just mentioned, which, even if charged with the contagion of fever, must have been tolerably ventilated in its passage from the house into the gutter, and during the time that it had probably lain there.

[To be continued.]

COMMENTS ON CORPULENCY.

By WILLIAM WADD, Esq. F.L.S.

(Continued from Vol. I. page 788.)

WE have now to illustrate the preliminary remarks: this will be best effected by extracts from the communications of correspondents. The first extract is from a very sensible, well-informed, studious friend. He gives a succinct account of his feelings, which present an outline, or sketch, of which every practitioner in the metropolis could produce a duplicate, and of which every respectable medical man could furnish a more highly finished portrait than this, and those which follow it. Be it so: I shall present my collection, as I would portraits of another description, feeling that those who could give a better delineation and colouring of the facts of my portfolio, are the persons who will receive, with the greatest latitude, this attempt at portraying characters, which, from their very nature, approach to caricature.

CASES.

Monstro, quod ipse tibi possis dare.—Juvenal.

CASE I.—*Extract of a Letter from ———, Esq.*

“ You have long known that I experienced much inconvenience from that *embonpoint* appearance, for which the weak and ignorant are so apt to congratulate and flatter a person. Inactivity, somnolency, depression of spirits, great nervousness, as it is popularly called, but, above all, an unwillingness, or rather inaptitude for long-continued study, were symptoms of disease which I found very much increase; and from all the attention I was able to give to the subject,—from what I had heard and read—but, above all, from its coinciding with your opinion, I was at last perfectly confident that these symptoms principally arose from a too great accumulation of fat. It was not difficult for me to account for this accumulation, even supposing there was no natural tendency to it in my constitution. From earliest childhood I was more inclined to read than to play, and when at school, though not wanting mental activity, and possessing considerable boldness of spirits, I was averse, and of course totally

unskilled, in all boyish amusements, as cricket, trapball, &c. This partly arose from my being at that period in a bad state of health, but chiefly from having early received the strongest impetus towards the attainments of knowledge, and the ambition connected with it.

“Sedentary occupations engrossed my whole time; nor did I relax from my temperate habits, which approached to ascetic severity, till I became a student of the Temple, when I was led to indulge in all the luxuries of the age, though never in the least remitting every attention to literary attainments. Possessing, at the same time, strong powers of digestion, and being particularly partial to the most succulent aliment, as sugar, butter, milk, &c. it is easy to foresee the consequence; I became extremely corpulent.

“I had approached my thirtieth year, however, before I experienced any great inconvenience from my increasing bulk. Since that period I have suffered much, and at intervals have made some attempts to reduce it, but they were feeble, and not continued for any length of time. In fact, my mind was in a state of indecision on the subject, arising, like all other indecision, from the want of clear and distinct ideas, and the consequent conviction. The comparative advantage of animal or vegetable food to the general constitution of man, or to particular habits, is (strange to tell!) not yet ascertained. By far the greater part of the medical tribe are satisfied with attending only to actual disease, as being the only source of profit, while the preventive part, though far the most important, but, as furnishing no emolument, is generally disregarded.” From this general philippic, however, he exempted Brown, Darwin, and Beddoes, whose theories he was well acquainted with, and whom he was pleased to say, stood as ‘noble columns in the dreary waste.’

“Here, then, was my difficulty,—I was very nervous. This arose from debility, from a want of vigour in the system. Animal food (the durable stimulant of Brown) communicates greatest strength. I tried animal food for a month, without any mixture of vegetable, eating very hearty, and drinking pretty freely, but not to great excess. All my complaints increased, my nervousness in particular. It was natural

then to inquire, whether this nervousness was not caused, or at least increased, by the weakness and other effects arising from my corpulence.

“I determined, then, to make trial, at least, of a vegetable diet, which I did (with two or three exceptions) for six weeks. I did not, in any respect, stint myself at first; I generally drank ale, sometimes brandy and water at my meals. I found a pint of ale at night necessary to sleep, sometimes with onions, sometimes without. I became much lighter, more inclined to continual mental exertion, but did not, in the course of a *month*, become in the *least degree thinner*. I reduced my quantity both of eating and drinking, and in a *week* was evidently *much thinner*, but found myself very feeble and little capable of exercise. I attributed this, however, to the mere effect of *change*, and as I found my spirits good, determined to persevere. I did so for another week; my debility increased, and I was attacked by a violent *diarrhœa*, which, I should observe, was at that time (August) very prevalent. It left me extremely low, and I felt much dread at returning to a vegetable diet, and I returned to my usual course of living. My complaints again returned; I was soon fatter, had bad nights, was lethargic, and felt generally uneasy and unfit for any usual exercise of body or mind.”

OBSERVATIONS.—The variation in this gentleman's health, from an alternate change in his regimen, was of a very decided character; and so long as he was *temperate*, he was free from the various evils that tormented him, which, the reader will easily discover, were allied to what are familiarly termed the ‘*blue devils*.’ But he was of too sanguine a temperament to be temperate; he was intemperate in fasting as well as in feasting; and he adopted and put in practice the theory of the day with the zeal of an enthusiastic partisan. As he grew older he became more decided in his personal dietetical experiments.

I have many letters of a similar nature, at different periods, in which he discusses the subject of health, all of which demonstrate, like the man in the *Spectator*, he was constantly destroying what he was most anxious to preserve. He read himself into one complaint, which he cured by reading himself into

another. At one time he would only take food once a-day; this was altered to the other extreme, eating little and often; and then he provided himself gingerbread-nuts and biscuits. For three weeks the hour of dining was regulated, not by the clock, but the state of the stomach; the dinner was to be served at any hour from noon till midnight, when the gastric juices were ready. At another period he instituted a scheme of rules by which every thing was regulated by weight, and though he did not follow them with the minuteness of Sanctorius, they evince much zeal and perseverance.

By a journal he kept during the summer of 1816, he was successful in his attempts to reduce his bulk. This is applicable to our subject. It records—

“ June 10. Weighed 16st. 10oz.
June 31. Weighed 16st. 1oz.

“ During these 21 days the diet chiefly vegetables, milk, and tea.

“ July 7. Weighed 16st.
July 21. Weighed 14st. 11lbs.
July 30. Weighed 14st. 4lbs.”

At this period he became ill, having been seduced from his plans by an accidental debauch when in a state least fitted for it. He confesses, in a note, that he rewarded his resolution by a violent outrage on his stomach, eating all kinds of improper things, and suffering accordingly. From the manner in which he apostrophises a French pie it appears to have distributed indigestion to the whole party of conviviais who led him astray.

Two months elapsed before he resumed his plans. In the meantime he had increased a few pounds. At the end of September he resumed his course of vegetable diet. He begins his journal with a pithy observation from his favourite, Dr. Beddoes:—“ No one should be content with his stomach till it has recovered that power of digesting vegetables which it possessed in the light and joyous spring of life, and which it retains to old age when uninjured by accident or imprudence.”

“ September 5. Weighed 14st. 12lb.
September 19. ... 14 8
October 20. ... 14 3
November 5. ... 14 1
November 21. ... 13 11”

Here the journal is continued, but so

intermixed with personal reflections, that it assumes the detail of hypochondriacal thoughts and feelings, and is a very interesting document—but it ceases to be applicable to the points in question, and only gives us a notion of some of the phantasies of “ a mind diseased.”

CASE II.—*From a fat Sportsman.*

“ Having had some conversation with you upon the subject before, and hearing that you have made it a matter of study, I am desirous of inquiring your opinion further as to the safety and treatment by which weight may be diminished by *medicine*.

“ I am growing heavier and fatter than I wish to be, (my ordinary weight a few years ago was fifteen stone, and I am now increased to nineteen). The exercise I take does not prevent it at all. *I should not quite like to be put on a regimen of abstinence*, but upon some system which, with moderate living, might gradually bring me back to about my old standard. All this time I am quite well, and should have little to complain of were I not fond of sports which I pursued with greater convenience when I was thinner, and did I not observe that persons inclined to increase in size lose their activity rather too soon in life.”

OBSERVATIONS.—This gentleman was an ardent sportsman, took excessive exercise, went through great exertion every morning, and in the afternoon rewarded his virtuous labours by eating, drinking, and sleeping—the fatigue of his sporting pleasures being previously sustained by an occasional draught of stout ale. He did me the favour of a visit, when I found, as he had stated, that he was in excellent health, but his size interfered with his plans,—“ he could not get through the woods so easily as he used to do,” and “ it was not so easy as formerly to find a horse to carry him.” “ Now what do you recommend me to do?”—“ Keep your eyes open, and your mouth shut.”—“ Poh! Nonsense! that won’t do for me—give me *something to take*: have you no pills?” The same question has been so often repeated to some very able practitioners, that, with Molière’s doctor, they answer,—“ Prenez des pilules, Prenez des pilules.”

The pills this gentleman was in search of were to counteract the effects of a dose of strong ale, two gallons a-day being his moderate allowance. As he was not only a merry fellow but a scholar, I gave him the opinion of an old poet on the subject of ale:—

——— Nil spissius illa,
Dum bibitur, nil clarius dum mingitur, inde
Constat, quod multas fæces in corpore linquat.

He laughed, and replied with great good humour, “I see how it is—if I am *ale-ing* all day, it follows of course, I must be *ail-ing* all night. Egad! I can’t help it; I should die without it, and I had rather die with it.”

It is incredible the quantity of malt liquor that some men swallow—to the amount of many gallons. The Welsh are great consumers of ale, and it is recorded of a Welsh squire, Wm. Lewis, who died in 1793, that he drank *eight gallons* of ale per diem, and weighed forty stone; which, for the reasons stated in the Latin verses, is not improbable.

This *Vinum Britannicum*, borrowed from the Egyptians, was originally patronised by the Welsh, and has subsequently been considered the natural beverage of Englishmen. I have known some honest Cambrians who, like Boniface, “ate it and drank it,” and would continue drinking it under constitutional derangements that would have killed an ordinary man.

“Nothing will stay on my stomach,” said an old toper, “but beef-steaks and Hodgson’s ale!—What do you think of my stomach, eh doctor?”—“Why I think your stomach a very sensible stomach,” was the equivocal reply.

CASE III. — *From a Country Practitioner.*

“I should before have replied to your letter of the 31st ult. had I not been waiting to see the person whose case I am about to give you: this I did yesterday, and, although the reduction is not so great as I had previously supposed, yet the particulars may not be irrelevant.”

He then proceeds to give a long history, almost amounting to the birth, parentage, and education, of a man five feet high—twenty-seven years of age—weighing twenty-three stone; and enters into a detail of his plans for re-

ducing his bulk, the short abstract of which is, that

June 17, 1820, the weight of this person was, as stated.....	23st.	2lbs.
July 27.....	21	10
September 10	20	7
October 10	19	3
November 10	18	11
December 10	18	4
..... 25	18	1

being a reduction of five stone one pound.

“I have always found it very difficult to get corpulent persons to give up those habits which lead to obesity; they are, for the most part, great lovers of the table, and not easily induced to forego the pleasures of it. On returning home, after some years’ absence, I passed a man in the street without knowing him, although I had previously been well acquainted with him. He had, from being as corpulent a person as I ever saw, become altogether as thin. Upon inquiring what disease had wrought this effect on him, I found he had been in perfect health, and continued so, but sheer poverty had laid its hand on him, and, by depriving him of his usual good cheer, produced the change.”

OBSERVATIONS.—There are many instances on record of persons being cured of obesity by accidental circumstances, very disagreeable in themselves, but very salutary in their results; and many very extraordinary cases are related in ancient authors bordering on the miraculous, but given with a confidence that should awaken our attention, if they do not entirely overcome our incredulity. Of these, in Schenk’s collection, is an account of Francis Pechi, a great sufferer from the accumulated mischiefs of good living, who was accidentally imprisoned. In the year 1556, after a lapse of twenty years, he was found by the French, who took the citadel he was confined in, to be alive and well, and, moreover, cured of all his complaints, and he walked through the city with his sword by his side, without the aid of a stick. Dr. Berwick notices a similar case of his brother, who was confined in the Tower many years, during the usurpation.

Tippoo Saib kept some English prisoners on bread and water. Notwithstanding this hard fare, on their release and return to Calcutta, they found themselves in better health, and some

of them cured of liver complaints, while others of their more *fortunate* friends had died in the interim.

The anecdote told by Colley Cibber, of Romeo's Apothecary, and the case of the Brewer's Servant, mentioned in "Remarks on Corpulency," are of the same kind; and many cases similar to these must have occurred in the experience of every man who has lived long and much in the world.

CASE IV.

A gentleman called upon me one day, who, as soon as he entered, I felt myself involuntarily exclaiming, "Voilà, mon oncle! un petit homme haut de trois pieds et demi, extraordinairement gros, avec une tête enforcée entre les deux épaules,"—but more, he was the very epitome of good nature and good living—the breathing personification of enjoyment—the moral type of merry-making. As soon as he could, he informed me that he was a Norfolk gentleman (dumpling, he might have said), passing through London to Devonshire for milder air, being troubled with "*shortness of breath.*" He did not call to consult me about that, but just to know if I had any *specific* to cure corpulency. Seeing that he was truly, according to Shakspeare's notion, "fat and scant of breath," I suggested Radcliffe's remedy; but he spurned such advice—he wanted a *specific*. I assured him I knew of none, when, with a look of good-humoured incredulity, he put into my hand the following notice:—

"*To the Corpulent.*—Nothing, it is universally admitted, can be more ungraceful and unsightly than a fat habit of body. It causes a man to look like a beef-eater, and gives to the whole person an air of extreme vulgarity. For this reason a medical gentleman of the first eminence has, for a series of years, directed his study to the discovery of a remedy against this disagreeable complaint; nor have his long and laborious researches been without success, inasmuch that he has now the satisfaction of announcing to the public that he has discovered a certain specific, which will not only reduce the most corpulent person to a graceful and slender habit, but effectually prevent all those who take it from ever becoming fat, were they even to belong to the Court of Aldermen, or to be constant attendants at vestry-din-

ners. The proprietor pledges himself to the nobility and gentry that his said remedy is so perfectly safe and harmless that even a child at the breast may take it. To be had in bottles, only ten shillings each, duty included, at a *Fancy shop, Bare-bone passage.*"

Simplicity of character has been considered as a most amiable and enviable quality, and this man was the most striking personification of it I ever met with. We may presume it was the characteristic of his family, for he was seeking the *specific* by the advice of his *maiden sister!* who was "*counted*" rather *clever*.

The positive conviction that the whole was a joke seemed to disappoint him, for he expected that, with the specific in his pocket, he was to live *ad libitum*; and his worthy sister no doubt intended to do wondrous works by such a powerful addition to her store of recipes.

CASE V.—*Extract of a Letter from a facetious Medical Friend.*

"Our fat landlord's occupation is no more! he died suffocated with his own fat; and his disconsolate widow, who has been blessed with *four* doating husbands, is now in fine feather for another.

"Poor fellow! he wished to live, but he said 'the devil was in his stomach,' and truly a devil of a stomach he had. Preaching abstinence was in vain. His wife, worthy woman, knew his stomach as well as himself; she was constantly crying, 'he will die if he be not well nourished,' while he emphatically echoed, 'he knew his own inside.' So they cooked the matter between them, and a fine hash they made of it. He had no objection to physic: to do him justice, his stomach was more exigent than nice, and when absolute necessity required the iron restraints of *maigre*, his kind wife always took care to slip a lump of butter and a glass of brandy into his gruel. But enough of the Red Lion.

"We have some jolly dames in this neighbourhood, tolerable specimens of what you call 'obesity,' but none of the dimensions of Park's African princesses, where no beauty aspires to royal observation without having first weighed down a moderate-sized camel.

"With respect to fat gentlemen, I beg to introduce myself—my height is five feet three inches, and I weigh seven-

teen stone, and I am ready to sit for my picture in any attitude you think most favourable for giving full effect to my 'omental rotundity.'

"But to be serious,—have we not corpulency with little fat, and fat deposited several inches on the abdominal muscles, especially without distended viscera?"

"Obesity, I conceive, may be a healthy or a diseased deposite; healthy, when a superabundant nutrition is taken up by the absorbent vessels, and when all the secretions of the body are perfectly performed; diseased, when a lethargic state of brain induces this accumulation, to the hindrance of muscular action, giving a bloated and plethoric character to the whole outline of the body.

"It is a healthy deposite in an animal feeding on grass, and rambling at large; it becomes a diseased one in animals tied to a rack and fed upon oil-cake; and it appears to me, too, that this disposition to sleep upon a distended stomach, is the great promoter of the evil, as I am credibly informed by a gentleman in this neighbourhood, who formerly fattened bullocks, that all those animals who became restless and would not sleep, were invariably turned loose again as unprofitable subjects."

Quarterly Journal of Science,
July 1828.

[To be continued.]

ACIDS OF THE STOMACH.

Some further Remarks on Messrs. Tiedemann and Gmelin's Observations on the Acids of the Stomach.

By WM. PROUT, M.D. F.R.S.

THE observations of Messrs. Tiedemann and Gmelin on my paper published in the last Number of the Philosophical Magazine and Annals, seem to me to be intelligible only on the two following assumptions. First, that the method employed was adopted at random and without any preliminary enquiry, and was intended to include every possible case; and secondly, that on the faith of this random method, *I denied generally and under all circumstances,*

the existence of every other acid except the muriatic acid, in the stomachs of animals. Now whether these assumptions can be fairly drawn from my paper, I, as an interested individual, can scarcely, perhaps, be admitted as competent to decide; but I can truly say at least, that I never intended that such inferences should be drawn, nor was aware that any thing had been stated to authorize them.

With respect to the first of these assumptions it may be said, that the nature of the gastric fluids, and especially the acid, had occasionally occupied my particular attention for many years, and that during the summer before my paper was published I had set about the inquiry in earnest, and with the determination, if possible, of putting the matter at rest. With this view a number of animals were fed in various ways, that is to say, on substances both natural and unnatural to them, and the contents of their stomachs subjected to analysis. The examination was conducted in the most rigorous manner, and varied in every possible way that I could devise; and up to the period at which my paper was sent to the Royal Society I completely satisfied myself that in every instance the acid present was the muriatic acid and no other, at least in any appreciable quantity. Now it was in the knowledge thus previously acquired, and not at random, that the method proposed was founded; and among a variety that were tried the one in question was ultimately chosen as comprehending every point that had then occurred to me. If it be objected that these preliminary experiments ought to have been given, I can only say that I did not at the time think this necessary, nor do I now. The muriatic acid was not a new substance, nor one difficult to be identified: besides, such a preliminary inquiry seemed to be sufficiently indicated by the method proposed, for who would ever think of proposing a formal method of analysis, involving the quantities of substances, without determining beforehand what those substances were? Further, my paper was intended to be little more than a simple announcement of an important fact, which, before it could be established, I well knew must be corroborated by other experience than mine; and lastly, something must be ascribed to a sort of innate antipathy to long-winded disser-

tations, which is too apt to cause me to err on the side of brevity.

Messrs. T. and G. observe, that considering my method quite perfect, I infer from it the absence of all other acids, except that of the muriatic acids in the gastric fluids. To this I answer, that under the circumstances to which it was applied I considered it then, and do still, as quite perfect: and as the residuum after combustion could not have been neutral if the acid had been of a destructible nature, because the quantity of potash required to saturate the free acid was more than sufficient to decompose the whole of the muriate of ammonia present,—the argument even in this point of view was strictly correct, though acknowledged to be imperfect if applied generally*. This argument was given because it was the only one bearing on the point in question that was strictly deducible from the method employed; and more could not have been well said without destroying the unity of my design, and entering on details which, for the reasons above stated, I concluded would have been taken for granted.

With respect to the second assumption, namely, that I denied generally, and under all circumstances, the existence of every other acid in the stomachs of animals except the mu-

riatic acid,—I can only say, that nothing was further from my intention. On the contrary, I distinctly alluded to the “occasional presence of other acids in the stomach,” taking it for granted that such an occurrence must sometimes happen. What I did assert, and what I again assert is, that in the cases related, and in all others in which a rigorous examination was instituted up to the period mentioned, no other acid did occur in any appreciable quantity; and I acknowledge that in consequence of this experience I was induced to conclude that the presence of other acids was comparatively of rare occurrence, and my subsequent experience decidedly favours this conclusion. I have already said, that since my paper was read before the Royal Society I have occasionally, by means precisely similar to those formerly employed, detected the presence of combustible acids in the stomach, and have expressed a belief that these acids were probably derived from the food; and in several of the instances I have no doubt this was the case. I wish, however, by no means to be understood to deny that the stomach occasionally secretes a combustible acid in a free state*, though I think it more frequently happens that some salt containing a combustible acid, *e. g.* the acetate of soda, is actually secreted; and that this, by being decomposed by the free muriatic acid, gives origin to the *apparent* presence of free acetic acid.

In conclusion, it may be observed that, during the long period that my attention has been turned to this interesting subject, a great many curious and most important facts have come to my knowledge; in some of these I have been anticipated by Messrs. T. and G.; while others appear to have escaped their observation, or probably did not occur to them. But when I make this

* Messrs. T. and G. will, I trust, give me credit when I assert that I was perfectly aware of all the chemical objections they have raised, and many more to the same effect; and never should have thought of applying the method in question in a new case when the nature of the acid was unknown, and particularly in the case of a destructible acid in conjunction with the muriate of ammonia. The fact was, that I detected free muriatic acid in a fluid ejected from the human stomach so long ago as 1820, but then thought that its presence was accidental, or that by some means or other I had deceived myself; and when I commenced the experiments in question, I was actually prejudiced in favour of a destructible acid, *viz.* the *lactic* acid of Berzelius (though the distinct nature of this acid always, I confess, appeared to me to be somewhat problematical). In consequence of this prejudice, therefore, the inquiry was conducted in a much more rigorous and elaborate manner than it probably otherwise would have been; and after a series of the most complete evidence that perhaps was ever brought to bear on a chemical point, I was obliged to conclude, in opposition to my preconceived notion, that the acid was the muriatic and no other. On reflecting, however, on this most unexpected fact, I soon saw its importance, and that, in short, it was one of those leading facts that opens up an entire new field of inquiry. So satisfied indeed was I of this, that a work on the digestive functions, in which I had been long engaged, and which I had actually begun to print, was suppressed; and since that time I have been engaged in an entire new field of research, which I fear will yet occupy me for several years to come.

* Within the last few months I have seen a very remarkable case of disease, where the acetic acid seemed to be formed, not only by the stomach, but the salivary glands, &c. in great abundance. In this case the breath of the patient smelt strongly of vinegar; the saliva and fluids occasionally ejected from the stomach contained also the same acid in abundance, as apparently did the perspirable fluid; for the whole body exhaled a strong odour somewhat like sour milk: during this time the urine was strongly alkaline. In another anomalous case I have seen the blood itself strongly acid; the acid was of a combustible nature, but from peculiar circumstances it was not satisfactorily proved to be vinegar, though this was probably the case.

statement I wish it to be distinctly understood that I am very far from accusing these gentlemen of chemical ignorance because they failed to point out what probably was not present in the substances they examined, or of charging them with denying, generally, the existence of every thing else that did not happen to fall within the limits of their own observation;—charges which these gentlemen, from not sufficiently attending to the general character of my brief announcement, have inadvertently brought against me under very similar circumstances.

Phil. Mag. and Annals,
Aug. 1828.

OBSERVATIONS ON CATARACT.

By M. DUPUYTREN.

M. DUPUYTREN has recently made some comparative trials of the two methods of operating for cataract; namely, by depression and extraction. Of these we shall take an opportunity in a future number of giving some account; at present we purpose laying before our readers some general observations on the subject, taken from the *Clinique des Hôpitaux*.

Before undertaking to operate for cataract, M. Dupuytren enjoins the minutest inquiry into the general state of the patient, with particular reference to any concomitant diseases. The conditions which he regards as frequently contra-indicating the operation, or at least pointing out the necessity of delay, are, rheumatism, pulmonary catarrh, and derangement of the stomach or bowels; constipation, hemorrhoids, shingles, and many other diseases, may, he thinks, give rise to mischief in the eye, already irritated by the operation. If, for example, rheumatism be present, the operation may produce its metastasis to the head; the eye and its appendages then become painful, and ophthalmia is excited, which often proves extremely severe. Whether this phenomenon is to be attributed to the rheumatism or to irritation, is of little importance; the fact remains the same, that it is not prudent to operate in such cases, experience having shewn the evils which result from so doing. It is necessary, then, in the first place to attack the rheumatism, and if it is determined to operate, while some degree of pain still

continues, it is prudent to apply a blister to some part at a distance from the head. If pulmonary catarrh be present, besides the injurious effect of the cough on the circulation of the head, we should fear, if the operation of depression had been performed, lest the cataract should resume its former place in consequence of the succussions communicated to the head during the paroxysms of coughing. If there be any affection of the stomach, not only have we to dread the same mechanical inconveniences which result from the cough, and which in this case may be produced by vomiting; but, also all those complications, which must necessarily result from the sympathy between the stomach and the eyes, since there are some affections of these which depend entirely upon derangement of the digestive organs; and, moreover, if the operation has been performed during the existence of disease of the stomach, even although but slight, it is requisite always to place the patient during a longer period on regulated diet, and the difficulty of accomplishing this, either with children or persons advanced in life, is well known: indeed, with respect to these last, low diet is not always free from danger. In some persons it produces a nauseous odour, perceptible to the smell when the curtains are opened: it also causes loss of appetite, the tongue becoming at the same time large, pale, and loaded.

The presence of diarrhœa obliges the patient to get up frequently, and thence arise displacements of the cataract. Constipation may have many of the disadvantages which attend cough, and may occasion sympathetic effects besides. The presence of bleeding hemorrhoids contra-indicates the operation; and although it may be practised when the flux ceases, still we must, under such circumstances, always be on our guard against congestion about the head, and combat the slightest symptoms of this by the application of leeches to the anus. When the patient has any herpetic eruption, the operation may determine the eye as the seat of irritation, thus giving rise to serious disease of the organ.

After having combated the diseases with which cataract may be complicated, (all of which M. Dupuytren states that he is far from having enumerated), there remains for us to

choose between the two methods of operating; for nothing can be less rational than to adopt either universally, and without reference to the circumstances of the individual case. In surgery, as in medicine, the same methods of treatment cannot always be adopted in order to accomplish the same end: thus in cataract, the age of the subject, the form and size of the eye and its appendages, and various other circumstances, may compel the surgeon to have recourse to one form of operation in preference to the other. With regard to age, if we consider the state of the absorbent function, it will be apparent that we should prefer depression in children, and extraction in elderly people. In the former, the vital functions are in all their energy—composition and decomposition are performed with astonishing rapidity—the absorption of the chystallin commences almost the moment that it is detached; besides which, it is never so hard at this period of life as in old age, and thus is less disposed to resist the powers of absorption. In old people again, the acts of composition and decomposition are sluggish; absorption, in particular, appears to have lost its energy, and the chystallin is of remarkable hardness, and, of course, more slowly acted upon by the absorbents. M. Dupuytren states that he has known the lens perfectly untouched, although displaced for more than two years in elderly persons, who had died of complaints unconnected with the cataract.

There are yet other considerations besides those above mentioned which are in favour of depression in children. They are rarely so docile as to refrain from all movement or struggling during the operation, a circumstance which renders extraction difficult, and which may cause the escape of the vitreous humor. In old persons the eye is deeply imbedded in the orbit, in consequence of the absorption of the adipose substance from the bottom of the cavity: under these circumstances extraction is extremely difficult. Besides, we meet with individuals of all ages in whom, from some preternatural movement or conformation of the ball of the eye, this last method is rendered inexpedient; and without speaking of those who have the eye constantly in a state of agitation, from rapid and convulsive movement,

it is a general observation, that as often as an individual is deprived of sight for some time, he seems, with the habit of seeing, also to have lost the faculty of fixing the eye, the motions of the globe not being under the control of volition—a circumstance which much increases the difficulty of extraction.

After these general and comparative remarks on the choice of the two methods, M. Dupuytren described the manner of operating in both. According to him, two instruments suffice; for extraction the knife of Richter—for depression the needle of Scarpa, modified. Richter's knife appears to him preferable to that of Lafaye, because it acts principally by *sawing*, while the other acts rather by *pressure*. The methods themselves are too well known to require description, and we shall only draw the attention of our readers to one point in the operation of depression which M. Dupuytren has illustrated. Scarpa was originally of opinion that all cataracts ought to be broken down. It will easily be seen how much the illustrious Italian was in error, if we consider that, in order to offer a sufficient resistance to the needle, the chystallin would require to be of much more considerable size. On the other hand, the cataract is fixed by bands of the utmost fragility. The parts against which the needle is carried offer much less resistance than the vitreous humor; and if, along with the softness of this last, we take into consideration the difficulty with which some cataracts are broken between the fingers even after their extraction, we cannot but be surprised at the opinion of Scarpa. There are, however, some cataracts which ought to be broken, and which, indeed, it is impossible to depress. Such are those, the cohesion of which presents no resistance to the instrument. After the operation, we ought to be on our guard against determination of blood to the head. In young subjects, the most active antiphlogistics ought to be employed; but in older persons, and where the temperament is not sanguine, these measures ought to be used with moderation. A simple white bandage, with a green or black one over it, suffices to cover the eyes. It is useless, and even hurtful, to apply charpie, which tends to increase the danger of ophthalmia; and from

the pressure necessary to keep it in its place, may even occasion the evacuation of the vitreous humor where extraction has been practised.

OSSIFICATION OF THE PERITONEAL COAT OF THE LIVER.

To the Editor of the London Medical Gazette.

10, Everett Street, Russell-Square,
July 28, 1828.

SIR,

IN the post mortem examination of a patient who recently died after having laboured under ascites for the last six months of his life, there were some circumstances which I offer to your consideration as being worthy of attention.

Dr. Baillie has recorded instances where the peritoneal coverings of the spleen and liver were converted into cartilage, more especially the former; and quotes a case from Morgagni where laminae of bone were found in the midst of it. His words are as follow:—"I have also seen in some instances small spots of cartilage over the whole surface of the spleen. It would appear that ossifications are sometimes found in this cartilage; but in the cases which have come under my own observation, bony matter was not to be observed."

Now in this case which I opened, the peritoneal covering of the liver was not studded with small spots of cartilage, but converted into one mass of it, being at the thinner parts one-eighth of an inch in thickness, and in many places half an inch; and in the midst of it were several scales of bone, one as large as a half-crown piece.

This is worthy of remark, as indicating that bone is one of the ulterior products of inflammation in serous membranes, and not, as Baillie suggests, a natural process misplaced. In this instance the peritoneum lining the flank was thickened, showing inflammation in its first stage; that covering the liver was cartilaginous, showing it in its second; and some portions of this last were ossified, showing it in its third.

It will also illustrate Dr. Ayre's Pathological Views of Dropsy: inflammation having arisen in a chronic form in the liver (which in this case had a

granular appearance), extended to its peritoneal covering, and thence throughout the sac generally; thus displaying in different parts the various duration of the inflammatory process.

I am, Sir,

Your constant reader,

H. P. ROBERTS.

P.S. A preparation containing a piece of the cartilage with bone, will be placed in the museum at St. Bartholomew's Hospital.

TREATMENT OF PHLEBITIS.

To the Editor of the London Medical Gazette.

SIR,

MY attention has been only just called to a letter signed "R. T." in your Number of the 2d of August, which I had overlooked till now, otherwise I should have earlier offered you a remark or two on its contents.

The letter purports to be a critique, by a practitioner of considerable experience, on the treatment of an important disease; whilst, in truth, it is obviously the production of a very ignorant, if not a most uncandid person. He talks of having seen many very severe cases of phlebitis successfully treated by poultices, fomentations, *gentle* aperients, and opiates! Now, Sir, it is quite evident, from this, that your correspondent can never have seen the disease in question, which we know to be an intense inflammation, tending most rapidly to a fatal result, if not met by early, active, and energetic treatment. I am quite sure that any one at all acquainted with the disease would sooner think of treating pleurisy, or phrensy, with fomentations and poultices alone, than of trifling with inflammation of the veins by the use of such inadequate expedients.

The next remark hazarded by this sage is, that the use of full doses of calomel is unjustifiable in such cases, "on account of the tendency to debility!" It is clear that the gentleman must have been asleep for the last ten years, or he would have known, not only that the state which he calls weakness, is, under these circumstances, the oppression caused by the inflammation, and can only be removed by the removal of

its cause, but also that calomel is one of the most efficient agents in curing this variety of inflammation.

He then goes on to ask, "Why give scammony?" I think it is incumbent on the critic himself first to answer this question—Why *not* give scammony, if it be necessary to purge—(especially as the original disease, which was inflammatory dropsy, with hæmaturia, distinctly indicated this medicine)—as well as that which he afterwards objects to as containing acetate of potass and liq. ammon. acetatis.

The critic ends his letter by objecting strongly to another medicine, which appears to have been prescribed with a view of quieting the stomach, by saturating its acid secretions, and thus secondarily benefitting the kidneys, which were diseased. This draught, consisting of tragacanth powder, magnesia, syrup of marsh-mallow, and water, he thinks proper to call "a horrid compound." I would beg to ask this critic, who professes so much knowledge of medicine, as well as of diseases, which of the ingredients just mentioned he considers so nauseous, or why he thinks their mixture would be so revolting as he represents it to the stomach?

I confess I was a little surprised when I saw so unfair and stupid a letter in your excellent publication: it surely must have been intended for the *invaluable Journal*.

VINDEX.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally; illustrated with Cases, Post Mortem Examinations, and numerous coloured Engravings. By JAMES ANNESLEY, Esq. Vol. II. Imperial 4to. pp. 586.

We lose no time in presenting to our readers the second volume of this magnificent work, which has just issued from the press, containing nearly as many splendid engravings, and beauti-

VOL. II.—NO. 37.

fully printed imperial quarto pages, as the first volume, an analysis of whose contents appeared in former numbers of the Gazette. The present is devoted chiefly to the diseases of the bowels as they appear in hot climates, comprehending the various forms of dysentery, cholera, &c.; and also the different tropical fevers.

The first chapter describes the *Diseases of the Spleen and Pancreas*, not particularly prevalent in warm climates perhaps, and found there principally in certain low, damp situations, not far from the sea; being, in most cases, consequent on long-continued agues. The spleen may be simply enlarged, to the extent even of ten or twelve pounds, when it may be felt filling nearly the whole of the abdomen. It may be also inflamed either actively or subacutely; and, as the result of inflammation, various morbid changes take place in its structure. The symptoms of simple enlargement are scarcely to be noticed: should there be inflammation, it is indicated by a dull, heavy, and aching pain in the left hypochondrium, occasionally becoming lancinating; and if the inflammation be active, there are the usual febrile symptoms, along with nausea, vomiting, tension, and impeded respiration. The treatment of the former consists of purgatives and tonics, with occasional doses of calomel; and the nitro-muriatic acid lotion to the side. Should inflammation be present, the same plans may be followed, with the addition of local blood-letting, and a hot poultice to the painful part. As to the diseases of the pancreas, we suppose Mr. Annesley introduced a section upon them, because in a work intended to be so complete, it would not have looked well to leave them unnoticed. We agree with him in the uncertainty of the symptoms, on account of their almost universal complication with diseases of the neighbouring organs; and we are not surprised that he has so little to say on the subject, or so little to offer of novelty.

CHAPTER II.—*On Inflammation of the small Intestines.*—This generally begins in the mucous coat, and may, after a time, extend through to the peritoneal covering. It very rarely indeed begins in the latter, except when extended from some other inflamed organ—as the liver; and when this is the case, the mucous coat is seldom impli-

cated. When it begins in the mucous coat, it usually arises from the passage of the acrid, vitiated secretions from the liver, &c. as alluded to in the first volume; though occasionally it is brought on, or at least assisted, by other causes—such as cold, wet, the use of spirits, fruits, and any irritating diet. The bowels are sometimes costive—more frequently relaxed; there is griping pain, but as long as the disease is confined to its first seat, the pain is not aggravated by pressure. The motions are depraved, offensive, watery, pale like yeast, or dark coloured, or green and slimy, and latterly becoming very dark and grumous. The abdomen is tumid; the urine scanty and high-coloured. As the inflammation proceeds into the adjoining coats of the bowels, the pain becomes aggravated by pressure, and there is perceived rather a sense of internal heat and soreness. The stools are scanty, and passed with gripings; the tongue is white and excited, red at the point and sides, and foul and coated, especially at the middle and base; the pulse is quick, soft, and frequently small; and there is thirst, nausea, and sickness. As the disease advances, the abdomen becomes more tumid and painful; there are watery, mucous, and blood-streaked stools, with tenesmus; and as the inflammation gradually extends to the large intestines, real dysentery may be induced. In some of the cases, jaundice, with white stools, comes on, occasioned, as our author supposes, by the tumefaction of the mucous coat at the orifice of the biliary duct obstructing the flow of the bile.

Inflammation of the intestines may begin in the substance of the bowel, forming the phlegmonoid variety: here the symptoms from the beginning are much more acute. These are—a quick, small, and contracted pulse; sharp pains at the umbilicus and below it; a foul, white, tongue; irregular and scanty motions. The countenance soon becomes anxious; the pain is increased on slight pressure; urine high coloured and scanty; respiration oppressed and painful; skin hot and harsh, especially over the abdomen; vomitings and an irritable stomach; tongue very much coated, yellow, and, after a time, brown; abdomen more tumid and painful; great tenesmus. As the disease proceeds, the symptoms in-

crease: countenance is sharp and anxious; legs drawn up to the abdomen; the patient lies on his back; the pulse is small, quick, and weak; abdomen hot, but extremities cold and clammy; the pain and soreness become more extended, and the tenderness very distressing. If gangrene takes place, all the symptoms of pain subside, and the usual facies hippocratica, hiccup, cold sweats, &c. make their appearance before death. But sometimes, from the inflammation extending itself very widely to the neighbouring viscera, the patient will sink under the acute and extensive disease, before gangrene commences.

Inflammation of the mucous coat of the small intestines is generally milder and more chronic; when it ends badly, it produces ulceration of the mucous follicles, extending along the course of the bowel to the large intestines, with dysenteric symptoms; and in its progress the peritoneal coat also becomes inflamed, and even sphacelus may take place. When the disease becomes more favourable, the pain and fever subside gradually, the motions are more copious, the tongue gets clean, and the tumefaction subsides.

It is very common in Indian practice to find enteritis, gastritis, dysentery, and hepatitis, supervene on each other; and it is often very difficult to distinguish which was the original disorder. The pathological appearances are varied from the slightest blush to the most extensive disorganization, according to the affection being primary, or only incidental to one of the other diseases, the extent of the appearances being in proportion to the early or late supervision of the enteritis. Where the post mortem examinations are made a very short time after death, from the very intense colours of the parts many mistakes arise as to the presence of sphacelus, and it requires attention and handling to detect the difference,—real sphacelus is a very rare disease in the author's experience.

A very large portion of the invalids from India suffer from a chronic inflammatory condition of the small intestines, owing to neglected or mismanaged acute attacks. Mr. Annesley describes such persons to have a peculiar tightness and dryness of the skin covering the abdomen, giving the surface a parchment-like appearance, the

abdominal contents being apparently drawn back upon the spine, and the belly appearing singularly empty, the small intestines being to be felt in the umbilical region, in a hard or pulpy state. On dissection of these cases, the integuments of the abdomen are found particularly thin, and free from cellular structure between their layers; the omentum has a leuco-phlegmatic appearance, the peritoneum is very pale; the large intestines are distended with flatus, and their coats are transparent; the small ones are pale, much contracted, and filled with viscid opaque mucus.

Treatment.—This must be decisive and active, as the disease in hot climates runs a very rapid course. Case 137 is one which shews the danger of inert remedies very plainly; for though the patient's strength of constitution surmounted the attack, he was so seriously injured that he was obliged to be invalided. We must not be deterred from active remedies by the apparent mildness of the attack, and local blood-letting, by leeches, must be freely had recourse to, according to the patient's strength. Calomel 20 grains, and opium 2 or 3 grains, should also be given quickly, and be repeated if necessary, even twice a day, if the inflammation has begun in the peritoneal or muscular structure. Hot poultices should be freely applied over the abdomen, which keep up a moisture over the skin, besides relieving pain. A few hours after the calomel and opium, a purgative, followed by a cathartic enema, should be had recourse to, and care taken that the morbid secretions are well carried off. In the chronic stages, or after the subsidence of the acute attack, blisters are serviceable, or the nitro-muriatic acid wash. Blue pill and aloes, with a cordial purgative, light farinaceous diet, and flannel clothing, form the rest of the plan of cure. Mr. Annesley, in detailing one of the cases, takes occasion to allude to the recent claims of a London physician* to having been the first to employ calomel and opium in subduing inflammation; the originators being, in fact, the intertropical practitioners, to whom Mr. Annesley does not hesitate to say that the London physician is in reality indebted.

We next meet with a tolerably good

specimen of Mr. Annesley's manner of amplification and repetition; about forty pages are devoted to general remarks on morbid accumulations of fæces, &c. in the large intestines, with the diseases often produced by them; and then follow about sixty pages more of a dilated and diluted account of some of the principal points already given. The whole history is not worth a particular notice, as it is little more than a magnified edition of some parts of Dr. Hamilton on the use of purgative medicines. We may state, however, that the author very properly points out the greater importance of attending to such accumulations in hot climates, and the greater severity of the symptoms produced by them. He notices also, how frequently mistakes have arisen by patients supposing their bowels were too much open, when in fact the liquid motions have passed through the passage left for them, by large collections of indurated fæces. Amongst the endless variety of maladies consequent upon fæces accumulated in the large bowels, there are two more peculiar to the natives of India, and to Indian constitutions—worms and hemeralopia, or night blindness, which, by-the-by, very often co-exist, simply from being caused by the same morbid condition of the intestinal canal. Purgatives are to be chiefly trusted to in both, but in cases of worms, tonics and chalybeates are very proper auxiliaries. In tænia, besides turpentine, Mr. Annesley speaks highly of the bark of the root of the pomegranate tree, as recommended by Dr. Fleming and Mr. Breton;—it is much in use among the natives of India. A case is related of the passage of some lumbrici through an opening made through the intestines at the navel; an abscess formed, and when it burst, the worms passed out along with the fæcal matter, and the child died.

We shall not weary our readers, however, with dwelling on this part of the volume, but at once proceed to the subject of *dysentery*, a disease of extreme interest to all practitioners in tropical climates.

CHAP. IV. SECT. 1.—*Of acute, uncomplicated Dysentery.*—Mr. Annesley believes this to be essentially an inflammatory disease, affecting the cæcum, colon, and rectum, whether arising from morbid accumulations or from external causes having produced an increased

* We suppose Dr. Yeats. Vide Medical Gazette, No. 24, Vol. I.

action in the mucous membrane of the intestines, or, as he believes, more probably from both together; still he cannot agree with Mr. Bampffield's subdivisions; and he cautions young surgeons against being misled as to their treatment, by theories of the inflammatory or non-inflammatory nature of any particular case; as by so doing, and neglecting some of the remedies which are advisable, in fact, in all the cases, the patient may be lost in a few hours—so rapidly fatal the disease frequently proves.

In less severe cases, simple dysentery is marked by the following symptoms. At first, frequent calls to stool, with the motions scanty, mucous, gelatinous, streaked with blood, and accompanied with tenesmus; and pain, at first only in the rectum, with only occasional gripings in the abdomen. Tongue white and loaded, but not much affected; pulse at first tolerably quiet, but gradually quickened according to circumstances. If the disease is allowed to go on, the abdominal pain becomes more constant and more severe, though sometimes it is not much felt, except during the act of passing a motion, although the stools are of a most morbid character. There is, however, if but little pain, usually a constant sense of heat and soreness over the abdomen. The pain is scarcely increased on pressure as long as the disease is confined to the mucous lining of the large bowels, though the cæcum perhaps is more sensible on pressure, and there is a sense of fulness where that intestine is situated. The stools become more frequent, more mixed with blood, and of a more watery appearance—dark, with a muddy solution of fæces, or with a considerable discharge of real fæces; there is more tenesmus; the urine is high-coloured, and passed with scalding, and very frequently; or there may be complete strangury. The tongue becomes more loaded and excited; the pulse accelerated; and the skin harsh, hot, and dry. The tormina, strainings, and calls to stool, more incessant, especially at night, when all the febrile symptoms increase. When the latter symptoms, the tenesmus, &c. are urgent, the rectum may be considered to be inflamed very decidedly, and *vice versâ*. When the disease affects the natives, there is less activity of inflammation, and there is a weak pulse, nausea, and bilious or porraceous vomiting, with scybala amongst

the motions. But with them it is even more fatal, and is more likely to assume the typhoid form. Amongst the European new-comers, on the other hand, the disease shews more decided and active inflammatory characters; all the symptoms are much more severe; more blood, of a florid appearance, passes, mixed with the motions, which are serous, or ichorous, with shreds of coagulable lymph floating in what looks like the washings of raw beef. The quantity passed in the twenty-four hours is often so great as rapidly to exhaust and emaciate, and the author has often known from thirty to forty efforts to have a motion in the twenty-four hours. Where these watery stools appear, instead of the mucous, in the early part of the disease, they indicate the presence of acrid matters lodged in the bowels, and requiring the active employment of purgatives; but in general the watery stools appear later in the disease, as the result of acrid matters acting on an inflamed, and, at last, ulcerated surface. When the disease begins in the rectum, it is shewn by the symptoms being chiefly those of tenesmus. When in the colon, the febrile symptoms are remarkably severe. When in the cæcum, the soreness and fulness may be felt in that situation before the tenesmus and deranged motions are to be noticed. Gradually these may be all traced, running from one to the other, whatever part may have been first affected.

In slight cases the thirst is not violent, and the appetite scarcely diminished, though every indulgence of it excites an immediate stool. The tongue, though at first only white and loaded, yet in the worst cases becomes dry, with a dark crust in the centre, and red at the point and edges. The tormina and tenesmus are often much increased by the passage of acrid bile along the inflamed alimentary canal, and this is even to a certain degree aggravated by the various purgatives used, and by the vomitings which occasionally supervene.

[To be continued in our next.]

The Midland Medical and Surgical Reporter, and Topographical and Statistical Journal, No. I.

WE have received the first number of, we believe, the first Medical Journal which has been published in any of the

provincial towns of England. We hail its appearance as indicative of the increasing zeal which animates the members of our profession throughout the country. We have given in another department a specimen of the Hospital Reports, and shall be happy to find that so laudable an undertaking flourishes.

MEDICAL GAZETTE.

Saturday, August 16, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicam sit, dicendi periculum non recuso.”—CICERO.

MEDICAL ASSURANCE SOCIETIES.

In our last Number but one we called the attention of our brethren to the subject of those institutions in the metropolis which afford a provision against the day of pecuniary trouble, and earnestly recommended “the formation of one or more similar institutions in the provinces.” By a remarkable coincidence, it happened that the very day the above Number of our Gazette appeared a meeting for this express purpose was held at Leeds. This circumstance affords us an opportunity, which we readily embrace, of pressing this important subject once more on the attention of our readers.

There are two great objects which such institutions are calculated to fulfil: one, and the more general, is effecting a provision for the widow and children of the subscriber; the other goes farther, and secures an allowance for his own support in the event of sickness, or infirmity. The former of these is almost the only object which has hitherto been thought of in establishments of this nature, the latter having been confined very much to the “friendly” associations of the poorer classes of society.

The advantages of such institutions seem at first sight so obvious, that we

should expect them to be eagerly sought after, and well supported; and we are naturally led to suspect there must be some objections which do not at first strike the eye, when we come to inquire more closely, and find how very few, in proportion to the great mass of society, belong to them.

In conformity with general usage, in our former article we spoke of these institutions as “*charities*,” and it is this appellation, we are convinced, which deters many from becoming members. Such associations never will thrive while any part of their constitution gives them the appearance of being of a *charitable* nature. The subscriber thinks, in paying his money, that it is a mere act of benevolence—and he who receives it feels degraded into a pauper. They ought, then, to be so contrived as to exclude charity altogether, and merely to afford to those who contribute to them certain advantages *as their right*. It is true that, in some such establishments, the idea of charity is entirely banished: among these we may mention the society formed a few years ago among the medical officers of the army—a set of men whose feelings would have revolted against the humiliation of their widows depending upon charity; but who have come forward almost unanimously in support of an association, by contributing to which each subscriber purchases a contingent property, just on the same principle as a man insures his house against fire, or a merchant his goods against shipwreck. Viewing the matter in this light, it was with some regret that we observed our brethren at Leeds had denominated their institution “The Medical *Charitable* Society,” &c. We think it would have been more judicious had they denominated it “The Medical *Provident* Society.” This is the name given to an establishment lately founded in Scotland, the plan of which appears to be extremely good; and we would venture to suggest to

those concerned in the society at Leeds, that it might still be worth while to consider the expediency of discontinuing the name they have adopted.

How frequently are we called upon to assist members of our profession, who, from sickness or other misfortune, have fallen into pecuniary distress!—and how much misery might be saved by the more general adoption of societies of mutual assurance! The medical man is placed under circumstances of peculiar hardship: he receives the education of a gentleman—he is expected to keep up an appearance in the world corresponding to the rank in which he is placed—his establishment is, therefore, generally speaking, on a larger scale than corresponds to his income; and from this it happens that the members of our profession so seldom either die in opulence or indeed are able to accumulate funds to meet long-continued sickness, or premature disability, from any other cause, of practising their profession. Have we not seen one among us, acquiring the most extensive business, and running the brilliant career of a fashionable physician in this metropolis, with every prospect of long enjoying his good fortune; and, in a few years afterwards, have we not seen the same man stricken down and disabled by an incurable malady? Delicacy forbids us to follow him into retirement with too curious an inquiry; but all who recognize the case, and are acquainted with the circumstances, must feel that it is a striking illustration of the uncertain and precarious tenure of professional income.

The societies of mutual assurance which have been so largely entered into by the clergy in Scotland, have been productive of the greatest advantage, and we can conceive no reason why the same results should not be obtained in our profession, where the members are so numerous, and the proportion of those so great who have only limited

fortunes. In a word, we are satisfied that if the idea of these institutions being merely *charitable* were got rid of, and if they were brought before the profession as *assurances*, rendered more advantageous than those which may be effected at public offices, there would no longer be any backwardness in taking advantage of the benefits they offer.

“ Medical Charitable Society for the West-Riding of the County of York.

“ A VERY numerous meeting of physicians and surgeons was held at Turnbull’s Hotel, in this town, on Friday last, to establish among the medical community of the West-Riding, and the public at large, a society for the benefit of the widows and orphans of medical practitioners in the West-Riding of Yorkshire, dying in exigent circumstances, and for such regularly educated medical men, when in a state of poverty, being at the same time incapacitated, by age or bodily infirmity, from pursuing the profession. Dr. Thorp having been called to the chair, a discussion took place on the desirableness of forming such an institution. It was stated that cases were very frequently occurring of extreme distress befalling the families of medical men, from the death or sudden disability of their head, and that at present no provision existed in this part of the island for the relief of such cases but the casual benevolence of the public. It appears that there is a Metropolitan Institution, and one or two Provincial Societies of this nature, which have been productive of very extensive good. Their aid, however, is limited to their particular spheres of operation. It is high time, therefore, that the very respectable body of medical men of the West-Riding should institute an association of a nature so useful and unexceptionable. The clergy have already set the example; and the success of the *Clerical West-Riding Charitable Society* affords a powerful encouragement to establish a similar scheme for the benefit of the medical community. In the dignity and importance of their ultimate aims, the former profession must certainly take a higher place than the latter. In reference, however, to the scale of secular usefulness, there is no class of men to whom society is under greater

obligations than medical practitioners, and the calamities of whose families, occasioned by death, or other providential causes, equally uncontrollable by human agency, are more fairly subjects of public commiseration and assistance. The profession themselves will be induced to support the society, not only from feelings of common humanity, but from a regard to the honour and respectability of their body, and from that genuine and salutary *esprit de corps* which should unite all its members in the bonds of one common fraternity. The older and more opulent members will support it, as a means of providing the families and persons of the junior and less fortunate of their brethren against the casualties of fortune; and the younger practitioners will contribute as an efficient mode of insuring themselves and their connexions from the disastrous consequences of some of the possible vicissitudes of life. Under the influence of considerations of this nature, it was unanimously resolved to constitute a society for the purposes already specified; a series of rules were proposed and adopted, subject to the revision and modification of a committee, which was then appointed, and the officers and stewards for the year ensuing were elected."—*Leeds Intelligencer*.

ANATOMICAL PRIZE.

THE subject for the third Anatomical Prize, given by the Royal College of Surgeons, is—"An Inquiry into the ultimate terminations of the sanguiferous system, and the commencements and terminations of the lymphatic system; explanatory of the means by which parts of the body are formed, maintained, altered, and removed; authenticated as far as practicable by preparations."

The candidates are to be members of the College, not of the Council. Dissertations to be in English: each to be distinguished by a motto or device, and addressed to the Secretary before Christmas 1830.

LIBRARY OF THE COLLEGE OF SURGEONS.

THE above Library is shut during the present month, in conformity to the regulations.

SURGICAL APPOINTMENTS.

WE extract the following from the London Gazette of Tuesday:—

The King has been pleased to appoint Sir Astley Paston Cooper, Bart. Serjeant Surgeon to his Majesty, in the room of Sir Patrick Macgregor, Bart. deceased.

The King has been pleased to appoint Benjamin Collins Brodie, Esq. Surgeon to his Majesty, in the room of Sir Astley Paston Cooper, Bart. promoted to Serjeant Surgeon.

The King has been pleased to appoint James Wardrop, Esq. Surgeon to his Majesty.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Tetanus.

WE intended to have reported some interesting cases of lithotomy, but defer them for the present, in order to make room for a melancholy instance of traumatic tetanus, admitted into the hospital in the course of the week.

CASE.—W. Hayes, a healthy looking boy, between fourteen and fifteen years of age, was climbing over the railings in one of the parks, when he slipped, and the iron spike pierced the sole of the foot. For a day or two he complained of a good deal of pain, not confined to the foot but extending to the leg. However, on poulticing the wound, suppuration was established, and the pain was completely relieved. On the 21st of July, a week after the accident, he was drenched in the rain, and obliged to remain for some time without changing his clothes. On the morning of the 25th he went out with his brother, but complained, in the course of their walk, of some pain in his belly, which, to use his own expression, "was drawn into lumps." He returned to the house, the spasm of the chest and abdomen increasing, and the jaw becoming stiff, whilst the body was bent in what seems to have been emprosthotonos. A medical gentleman was summoned, and ordered a draught, which he took, but obtained no relief. As the evening drew near all his sufferings increased, and he spent a most miserable night, the contraction of the

muscles of the belly giving way to intolerable spasms and pains in the back, and the jaw being evidently locked*.

On the morning of the 16th, opisthotonos was established, and at noon he was brought to the hospital.

The symptoms of tetanus were very well marked. The teeth were firmly clenched, but admitted of separation to the extent of a quarter of an inch; opisthotonos was present, the back being arched, and the body supported in bed on the shoulders and sacrum; the head was thrown backwards and drawn to one side, but not by the action of the sterno-mastoideus, which was perfectly under the influence of the will; the muscles of the belly were rigid; the thighs and legs extended; the toes pointed inwards. The pectorals and serrati on the fore-part of the chest were affected, and the scapulæ were fixed, but otherwise the upper extremities had escaped. Every few seconds a violent spasm took place in the muscles of the back, which lasted for an instant, and made the poor fellow scream aloud with the pain. In the intervals of the spasms he was tolerably easy, and readily answered any questions that were put to him.

On examining the wound it was found to be situated on the inside of the sole of the foot, apparently in the direction of the inner plantar nerve. It presented no unhealthy appearance, was cicatrized, or nearly so; but the parts round the puncture, for about the circumference of a sixpence, were consolidated together, and formed a kind of knot beneath the skin. There was no pain whatever in the foot or leg; but on pressing the thigh in the line of the nerve, he complained of some tenderness, which, however, was equally present in the opposite limb. The breathing was free; the face bathed in sweat, and expressive of the intensity of the bodily pain; the pulse full and frequent; the tongue pretty clean.

From this enumeration of symptoms, it is clear that the muscles affected were

principally those which are furnished with nerves from the dorsal and lumbar divisions of the medulla spinalis. The motions of the upper extremities were free, and the muscles of respiration but little affected, the head being awry by the action of those at the back of the neck, and not by the sterno-mastoideus, which, along with the trapezius, is fed by a particular nerve (the spinal accessory) and plays a particular part. The locking of the jaw is an exception, but then it must be recollected that the muscles producing this action are supplied by the fifth, analogous in structure and function to the spinal nerves.

In the course of an hour Mr. Brodie arrived, and determined on trying the effects of cold affusion. A bedstead was placed in the yard, the boy laid upon it, and buckets of water thrown over him. The immediate effect of the remedy was to augment the severity of the spasms, or rather opisthotonos, for the distinct attacks of spasm were instantly cut short. When six or seven buckets had been emptied, the affusion was stopped for a time, but in the course of ten minutes, or a quarter of an hour, was resumed. He said he was a little relieved in the first instance, but shortly the convulsions returned as bad as ever, which induced the house-surgeon to persist in the use of the water no longer, but to order the patient to be carried back to bed.

At 3 p.m. he was evidently worse. The spasms of the muscles of the back were very frequent, the muscles of the chest more affected; the skin was burning hot, and bathed in perspiration; the pulse 120; the trismus rather less. He was constantly shifting his position, and by gradually bending his thighs could be got to sit upright. Expressing a wish to be placed in the cold bath, he was so, and experienced, we believe, a little momentary ease. At five in the afternoon he swallowed five grains of the sulphate of quinine, and continued to take it, in three-grain doses, every hour afterwards, as well as the difficulty of deglutition would allow. At seven he was placed in the cold bath again, and at eight took a drop of the hydrocyanic acid, which was ordered to be repeated every third hour. He had taken three scruples of the sulphate of quinine, and three drops of the hydrocyanic acid, when, at six in the morning of the 27th, he was offered the fourth

* This report does not tally in every respect with that which is inserted in the clinical and ward books. It is stated in those, that before the 25th the patient complained of some stiffness, and pain in the back and the neck, not unfrequent precursors of tetanus. This was given, we believe, on the brother's authority, but the patient himself, who was very intelligent, denied it (for we asked him) in toto.

of the latter, but was totally unable to swallow it.

The symptoms had been hitherto gradually increasing in severity. Towards the evening of the 26th the respiratory muscles began to be affected; the difficulty of swallowing was augmented in the night, and had arrived at its acmé in the morning; the pulse varied much in its beat, but was generally 120, and remarkably increased after every dose of the hydrocyanic acid.

A little after six in the morning of the 27th he was seized with a peculiar kind of paroxysm, in which he was convulsed, and turned livid in the face. The diaphragm was affected, as marked by a convulsive sort of sob: the heart itself did not escape, at least it pulsated occasionally with the utmost degree of violence, and then merely fluttered, whilst the pulse, during the fits, was exceedingly slow, but rapid and strong in the intervals; the respiration was successively more and more difficult, the shoulders being firmly retracted, in order to afford a fixed point for the accessory muscles of the chest; the paroxysms followed each other with rapidity, and at 11 A.M. he expired.

Sectio Cadaveris, 26 hours after Death.—On removing the skull-cap the membranes of the brain were injected, the brain altogether more vascular than natural, and the ventricles contained a little serum. The spinal canal was laid open from occiput to sacrum. On removing the series of arches a peculiar appearance was observed on the outside of the theca: this was the presence of a considerable quantity of transparent substance, looking like very fine adeps, or cellular membrane infiltrated with serum. It had not the appearance of lymph; and Mr. Brodie, when he saw it, was not inclined to think it a product of disease. The theca was sound, and presented no marks of inflammation; the medulla itself unaffected.

Mr. Brodie now directed his attention to the wound. The posterior tibial nerve was dissected for, and found to be free from disease. On following its divisions in the sole of the foot, the internal plantar nerve, or at least that large branch of it which goes to supply the great toe, was found to be inclosed, or rather implicated, in the wound. The spike had not actually injured the nerve, but passed on its inside, whilst the in-

flammation, and consequent effusion of albumen and pus, which the injury occasioned, were in contact with, and literally surrounded the nerve.

Abstract of a Clinical Lecture on Tetanus, by Mr. Brodie.

The above case was the subject of an interesting clinical lecture, of which we shall furnish some account.

The disease was distinctly established on the eleventh day after the reception of the wound; and in all of the cases save one which Mr. Brodie has witnessed, it appeared in the course of the second week. In that particular case the symptoms were developed on the 17th day, but the tetanus was chronic, and the patient recovered. It is said to appear, in hot climates, at an earlier period, indeed almost immediately after the injury; but Mr. B. is inclined to believe that such cases can scarcely be considered as genuine tetanus. We have also been told that it follows at an interval of weeks, or even months; whereas in the returns which were made on the subject by Sir James Macgrigor, it never exceeded three weeks.

Mr. Brodie alluded to the important distinction between acute and chronic tetanus—patients very frequently recovering from the latter; from the former scarcely ever. The remedy which Mr. Brodie has seen of most service has been the cold affusion, for although it will not cure, yet it frequently relieves. One patient in whom it was employed felt so well that he got out of bed, and was putting on his breeches to go home! With difficulty he was prevailed on to desist; the paroxysms returned, the affusion was repeated, but without good effect, and he died in twelve hours. A case of chronic tetanus recovered under the use of cold affusion, but probably would also have recovered without it. In another case of tetanus (acute), the cold affusion was the only thing which gave the least relief.

Bleeding, in general, appears to do harm. Opium Mr. Brodie has never seen of use; and the same may be said of musk, camphor, the acetate of lead, belladonna, mercurial inunction, &c. Narcotics have been used so extensively, and failed, that Mr. B. would recommend for the future the employment of remedies of a different class. In the present case the quinine was em-

ployed to a sufficient extent to satisfy any one of its total inefficacy in the disease under consideration.

With regard to the pathology of tetanus, Mr. Brodie has never seen any thing the matter with the medulla spinalis, or its membranes. Others are said to have found inflammation, but there is some little reason to suspect that the tortuous vessels, which naturally ramify on the membranes, have been taken, or rather mistaken, for disease. Mr. Brodie, however, has witnessed three cases of opisthotonos following injuries of the head, in all of which matter was found on the medulla-oblongata.

From the notes of the dissection it appears that the internal plantar nerve was affected by the inflammation induced by the wound in the cellular structure, and imbedded in the lymph that was effused.

A case somewhat similar occurred to the late Mr. Ewbank. A man had a pitchfork run into his leg, which was followed by tetanus, and he died. On dissection it was found that the prong had penetrated to the peroneal nerve, which seemed to have been bruised, and was implicated, as here, in the inflammation set up.

Mr. Brodie, in the next place, adverted to the question of amputation, or excision of the part that has been injured. Either operation may be performed at two periods—before the occurrence of the symptoms, or after. With regard to the first, we should remember that tetanus is a very rare consequence of injuries; and besides the absurdity of operating on so distant a chance, we can never be sure after all that the symptoms of tetanus will not be as likely to follow *our* wound as the one we are removing. Mr. Brodie has known it occur after amputation of the mamma, and the operation of tying the external iliac artery.

If the symptoms *have* set in, there is neither experience nor analogy to favour the idea that removing the part which is injured will remove the morbid action in the system to which it gives rise. In one case, however, Mr. Brodie unintentionally made the experiment. A boy was admitted with compound fracture of the leg, which was followed by gangrene of the limb. Mr. Brodie performed the operation whilst the gangrene was spreading, but subsequently found that the patient had complained

of the premonitory symptoms of tetanus the morning before the operation. The tetanus was rapidly developed after the limb was removed, and the boy died in less than 24 hours.

Many other very interesting observations were made by Mr. Brodie in the course of the lecture, from which we have selected only the more prominent features.

In our next we shall detail some cases of stone in the bladder.

ST. THOMAS'S HOSPITAL.

Encysted Tumors on the Scalp.

CASE I.—A young woman, aged 20, was admitted May 22, with a tumor on the upper part of the forehead as large as a pullet's egg, and hemispherical in shape. She said that it had existed there from her infancy, and that until within a few weeks of her admission it had been hard, but had latterly become soft. As it evidently contained fluid, Mr. Green laid it open by a transverse incision, when a quantity of matter, similar in its appearance to pus, was discharged. The cavity was found to be lined with a proper membrane of its own; and, with the intention of making the surfaces adhere, they were sprinkled with red precipitate, and the cavity filled with dry lint. A very opposite result, however, followed, for at the end of a month the lining membrane had become covered with cuticle continuous with that covering the scalp, and was, in consequence, not more sensible, and did not secrete more than the skin of any part of the body: and so it has continued ever since.

The appearance of the cavity now is very remarkable, for its sides being elastic, do not lie flat, but are partially erect.

Mr. Green once had a similar case. It was in a child which was born with a tumor opposite to the ischiatic notch, containing fluid. This was opened, and the cyst then took on the character of true skin; and the consequence was a permanent unsecreting cavity within one of the nates. Mr. Green thought of destroying the cyst with caustic, but was afraid of doing so on account of the vicinity of the deepest part of it to the pelvic viscera. In such a situation the deformity would be immaterial, but on

the forehead it must be very disagreeable; and yet it is difficult to determine how it ought to be removed; for there is so small space between the bottom of the cavity and the bone, that any attempt to destroy the cyst must almost inevitably lay the cranium bare.

CASE II.—A boy, aged 16, came to the Hospital July 29th, with a tumor on the forepart of the head, of the form and relative size represented in the annexed sketch. He had had it from the age of three months, and it had attained its greatest magnitude when he was three years old; and from that time had altered very little. It was perfectly soft and compressible, and evidently contained fluid.

Mr. Green removed it by making two curved incisions, so as to embrace a portion of the skin covering its upper part, and then dissected the cyst out entire, with its contents. It adhered firmly to the tendon of the occipitofrontalis, and, in other parts, the skin invested it very closely, and the operation was, in consequence, a little tedious. A small artery, which bled rather freely at one of the edges of the divided integuments, was tied, and the flaps of skin were then laid over the wound, and secured by adhesive plaister.

G.



ST. BARTHOLOMEW'S HOSPITAL.

A case of severe lacerated wound of the Scalp, with formation of matter beneath the bone—Operation and Death.

JOHN WADE, a pale, sickly child, four

years of age, was admitted in President ward, under Mr. Vincent, on the evening of the 31st of May last, having received a severe lacerated wound of the scalp, from the kick of a horse. The wound was of a triangular form, with its base situated about an inch and a half above the external meatus, and its apex about as high as the middle of the parietal bone, on the right side; each side of the angle was about three inches in length. The parts were much lacerated, and a large portion of the scalp was pendulous, which afterwards sloughed off. The bone was denuded of its pericranium about the centre of the wound. Although there were no decided symptoms of concussion, the child did not answer questions when put to him for the first three or four days, and there was a great disposition to be drowsy; he did not eat any food, and there was a great flow of blood from the nose.

Ordered five grains of jalap and one of Calomel directly, and castor oil in the morning.

On the following day the pulse was quick and full, and he was

Ordered to have six leeches applied round the wound, and an aperient enema was administered. The effervescing draught every six hours.

The bowels were opened by the enema, and the child was better the next day.

All through the month of June the wound was endeavouring to throw off the slough, during which time he was very low: he required a large supply of nourishment; he was occasionally feverish, and always appeared languid.

He took the Hyd. cum Cretâ, gr. iij. every six hours, and a lotion of the chlorate of soda was applied to the wound every day previous to the poultice.

On the 5th of July, being now very much reduced, he was ordered an ounce of wine daily. The pulse was very small, and the wound had made very little effort to granulate.

On the evening of the 6th he was taken with a convulsive fit, which lasted three hours; his feet were put into warm water, and he had a tea-spoonful of syrup of poppies, which was ordered to be repeated if necessary.

On the following day his mouth was drawn towards the left side, the eye-lids

hung more than half-way over the globe of the eye, and the countenance looked depressed and anxious; pulse very small and frequent.

Ordered Hyd. Sub. gr. j. Pulv. Jalapæ gr. v. statim.

Also Hyd. c. Cretâ gr. iij. 6tis horis.

From this day up to the 12th he had no more convulsions, although his limbs were twitched occasionally. The pulse was languid, and the countenance remained anxious; there was a disposition to sleep, and the eye-lids continued to hang over the eyes; the pupil was not dilated, and the mouth remained drawn towards the left side. For the last day or two he had refused to take his food, and had been evidently sinking. The wound had suppurated, and some pus was pressed out from between the scalp and the bone; matter had been evidently formed somewhere, and there was a question whether this was situated immediately beneath the bone or between the membranes, or even in the substance of the brain itself. The chances were not very favourable to the first question; but as the child must have died had he been left alone, though the chance was small, it was determined (with the united consent of Messrs. Vincent, Earle, and Stanley—Mr. Lawrence at that time not being in the Hospital) to perforate the bone with a trephine. This was accordingly done by Mr. Vincent on the 12th. Upon raising the ring of bone which the instrument had made, nearly a tea-spoonful of matter made its escape. There was a deposition of lymph upon the inner surface of the bone, which appeared to have been connected with the surrounding parts. The dura mater did not look healthy, but was puckered, and with some deposition upon its surface. The child bore the operation well, though it did not effect any alteration in the symptoms, the mouth still continuing drawn towards the left side of the face, and the eye-lids being still drooping. The pulse was not at all accelerated.

In the evening, eight hours after the operation, he was still in the same lethargic state as he had been in during the preceding six days. The pulse had not risen or altered from its previous character: he had refused to take food since the operation. The bowels had not been open.

Ordered to continue his medicine.

He continued to sink till the 15th, when he was seized with another convulsion fit, in which he died.

Sectio Cadaveris.—Upon removing the skull cap the dura mater was found to be more adherent than natural every where over its surface, but more particularly around the seat of the injury, where there was a very considerable alteration in its structure, and increase in its thickness, with a deposition of lymph upon that surface which was next the skull. About an inch and a half posterior to the perforation made by the trephine, there was a small hole, which admitted the blunt end of a probe. This hole communicated with an extensive abscess beneath, in the substance of the posterior lobe of the cerebrum, containing thin flaky pus. This cavity extended down towards the base of the brain, and communicated with the lateral ventricles.

Carcinomatous Ulcerations of the Inguinal Glands and Penis.

Thomas Carnie was admitted in Henry's ward, under the care of Mr. Lawrence, July 9th, having a couple of indurated buboes in the groins, and a schirrus of the penis. He gave the following history of his case. He had had gonorrhœa five or six times in the course of his life. Two years ago he caught a clap, which was severe, and attended with considerable inflammation and phymosis. The phymosis was so violent as to require the operation for dividing the prepuce: after the prepuce was divided, the glans penis was found to be much ulcerated, and these ulcers never healed from that time. The gonorrhœa was not stopped. Subsequently he had two buboes appear in his groins, which continued swelled and indurated up to the present time. The parts around were much swelled. He presented the following appearances. The penis, in its whole extent, was very much indurated, and spread over with several ill-conditioned sores, which had been there about nine months. The penis began to become hardened just after the prepuce was divided. He was salivated for two months, and got well of the salivation; after which he took pills, which did not make his mouth sore. The penis had been covered with mercurial ointment for some time. Of the buboes in the groins, that on the left side came first. It was a sore more

irregular in shape than that on the right side, and not so much raised; the edges were indurated and thickened, and the centre of the sore contained a curd-like matter. On the right side there was a large dark-red indurated swelling, not very tender, having an irregular knotty surface, and being broken in its centre. Where it had given way the sore had a peculiar appearance, being round and hollow, and of the size of a shilling; at the bottom of the sore was more of the curdy substance. When he applied to a surgeon, he refused to open the buboes, they having this peculiar character, and being so hard about their bases. They soon after burst spontaneously. Has had no rest for some nights past.

Ordered Catap. Panis c.

Liq. Opii Sedativ. to the sores.

Tinct. Opii gtt. xxx. nocte et manè sumend.

11.—In much less pain. Has rested the last two nights. Sores not so tender; not altered in character.

Ordered, Ext. Colocyn. Co. gr. v. o. n. and Lotio Chloruret Calcis to the sore.

Appetite not very good; pulse frequent, and rather full; feels feverish.

15.—Much improved in health; sores not painful, and changing their character.

Ordered, Essen. Sarsæ, \mathfrak{z} ss. ter die.

17.—Health and appetite very much improved by the sarsaparilla. The character of the sore is completely changed: it looks healthy compared to what it did. It begins to have a healing edge. The curdy matter at the bottom of the sore has disappeared. The parts have not lost their hardness. He rests very well at night. The penis is not so hard.

This man left the hospital a few days after this, thinking he was well enough to return home.

GUY'S HOSPITAL.

Fracture of Seven Ribs—Emphysema. Death.

MOSES CARTER, aged about 60, at ten on the morning of July 29th, was thrown down by a heavy coal-waggon, the wheel of which passed over the right side of thorax and right clavicle.—When he was brought to the hospital several ribs were found to be broken

and depressed, and he had extreme pain on the injured side, increased by inspiration, with laborious breathing, a mucous rattle in the bronchial tubes, and great irritation in the fauces, producing a desire to cough, which he was prevented from doing by the great pain thereby caused. The matter expectorated was small in quantity, and consisted of mucus mixed with blood. The pulse was more than 100, and rather hard. A flannel roller was applied.

Mr. Key saw him at one, and ordered V. S. ad \mathfrak{z} x. which diminished a little the dyspnœa. A solution of supertartrate of potass was ordered as a beverage, to be taken *ad libitum*.

At 9 p.m. emphysema, which had been apparent at noon, had traversed the upper part of the chest and neck, and had now extended to the cheeks. The breathing, and the mucous rattle attending it, were little altered. The pulse was 92, and the skin was warm and moist.

July 30th, 1 A.M.—No evacuation per anum since the accident, but the bladder had been emptied by the patient's own efforts. Pulse 112, hard and rather sharp. Tongue brownish-white, and dry. Pain and dyspnœa a little worse. Emphysema spreading upwards slowly. Appeared to be prevented by the bandage from extending to the inferior half of the body. Great expression of distress in the countenance. Skin rather hot. Mr. Key ordered

Hyd. Submur. gr. v.

8 p.m.—Emphysemastationary; pulse quicker and smaller; breathing still more difficult; mucous rattle louder.

31st.—Pulse 150, hard, and fuller than last evening. Still great pain in the side; no cough; little expectoration, although the "rale muqueux" indicated that the bronchial tubes were full of some fluid.

V. S. ad \mathfrak{z} x.

The bowels were well opened this day.

Aug. 1.—Emphysema a little diminished; less pain of side; could draw a deep breath better; pulse small and very weak; a "rale muqueux" heard all over the chest.

He changed little until the evening, when he died suddenly, having only a minute before conversed with apparent ease on an indifferent subject.

Examination post mortem.—Seven ribs—viz. from the second to the eighth—were broken, and the pointed extremities of two, the third and fourth, were driven into the substance of the lung. The results of inflammation in increased vascularity, and the formation of adhesions, appeared in the parts surrounding the wound. The lung itself was unusually vascular, and there was a considerable quantity of mucus mixed with blood in the bronchial tubes, but not so much as was expected from the symptoms.

The patient had laboured under chronic bronchitis for some time previously to the accident.

Aneurism of the Thoracic Aorta.

The following case is interesting, because although there was an external pulsating tumor, yet from situation, great doubt was entertained before death as to the nature of the disease.

The following account of the symptoms is abstracted from Dr. Bright's ward-book

May 16th, C. Norton, aged 30.—Two years since he fell and struck his breast against some hard substance. Severe pain was felt for ten minutes, but no inconvenience followed. Was perfectly well two months before his admission, except that he had a slight cough. He then began to feel a pain in the right side on running fast, or walking up stairs. About ten days after his admission it was discovered that there was undue pulsation in the right side of the thorax. There was a small tumor, which swelled out and became harder every time the ventricles contracted.

This discovery would have decided the nature of the case but that the tumor was too low for the aorta, being between the fifth and sixth ribs. There was then no cough, but slight expectoration.

During the month of June a pain, which he first began to feel on making a deep inspiration, increased so much, and was so much aggravated by lying down, that he could only lie in a semi-recumbent posture on the right side. The pulsation in the tumor became less distinct. During the whole of this month the pulse was quiet, regular, and of good strength, and never above 60.

Early in July he complained of con-

stant pain shooting from the right breast to the scapula, which he thought was relieved by a tight bandage applied round the thorax.

July 11th.—He complained of pain in the right side of the head, with giddiness.

15th.—At 8 A.M. after a restless night, he suddenly discharged from the mouth a quantity of blood, estimated to amount to six pints.

16th.—Pulse 120. He continued to spit a little blood at intervals on the two or three following days, and after that at longer periods, but after the first bleeding the quantity brought up in 24 hours never exceeded 6 ounces.

From this time until his death, which occurred on August 2d, the pain and other uneasy feelings were much less than they had been previously. The pulse was strong almost to the last.

Examination post mortem.—The right lung and pericardium, which was adherent to the heart, were united into one mass by adhesive matter thrown out on their surface. On tracing the aorta from the upper part of the arch towards its origin, an opening was found behind one of the semilunar valves somewhat larger than the ventricular orifice, which led into a most extensive cavity contained between the heart itself and the right lung. This was the aneurismal sac; and as almost every part of it was below its mouth, the low situation of the pulsating tumor was explained. This last was found to be a part of the cavity which extended forward, entering a little way the substance of the lung, but mainly pushing it aside. The parietes of the sac were thinnest at that part, consisting of a very thin layer of lung, behind which some coagula were deposited.

It appeared as if the aneurism had commenced in the expansion of one of the sinuses situated behind the semilunar valves of the aorta. This having given way, the pericardium must have become the boundary of the disease; but as it had become united to the surface of the heart; either previously, or as a consequence of the affection, the cavity must still have been small. But the blood being continually impelled into it with all the force of the left ventricle, it must soon have become dilated, and then the pericardium giving

way, the blood must have been effused into the thorax, had not the right lung, by becoming adherent to the heart, formed another barrier.

A careful search was made for an opening between the aneurismal cavity and one of the bronchial tubes, but none could be found. Even water injected through the right bronchus could not be perceived to enter the sac. It is, therefore, probable, that in the stage of diminished vascular action which followed the first bleeding, the communication which then existed must have become closed by the curative efforts of the system. The subsequent bleedings were not too great to have come from the bronchial mucous lining.

The treatment consisted in diminishing the quantity of the circulating fluid by bleeding, and allaying the uneasy feelings of the patient by anodynes, used both internally and topically.

WORCESTER INFIRMARY.

Case of Tumor in the Uterus.

IN August, 1813, Susan Turberville, 53 years of age, was made an in-patient of the Worcester Infirmary, with an ulcer in the left leg, which had existed for five months. In addition to this there had been, for some years, great enlargement of the abdomen. It was as prominent as in the sixth month of pregnancy. The enlargement was general over the lower part of the abdomen, not greater on one side than the other, extending from the pubes nearly up to the umbilicus. She was generally in pain about these parts, and in the groins; there was likewise considerable tenderness on pressure. The appetite was good, but she was troubled with wind on the stomach. The bowels were always costive. She had frequent micturition, and always pain in evacuating the bladder. She was quite incapable of any active employment, but able to gain her livelihood by knitting, though she could not sit long in one place, being easier for gentle exercise. The breath was always short, but there was no cough. She had never borne children. The catamenia flowed till the usual period. The leg was cured by the latter end of December, and she went away from the Infirmary much in the same state as when admitted, with respect to her visceral disease.

The leg continued well for about a twelve-month, but the disease in the abdomen kept gradually and slowly increasing.

On the 16th of September, 1815, she was again admitted into the Infirmary, on account of a small ulcer on the inner ankle of the right leg. The visceral disease had evidently gained much ground. The pulse was now always hard, and quicker than natural; the pain at the lower part of the abdomen was much greater; there was more tenderness on pressure, and the belly was increased in size, and the breath was much shorter. There was, also, a constant, profuse, thick, white discharge per vaginam. The bowels were more costive, and micturition was more painful. The stomach was much oppressed with flatus, but the appetite still continued good. On the 16th of October she had the following pills directed for her.

Rx Ferri Sulphatis, gr. iii.

Gummi Olibani, gr. x.

Cons. q. s. Ft. Pilulæ, ii. bis die sumendæ.

The intention with which these pills were given was to check the discharge, and give tone to the stomach. At the end of a week from taking the pills, the discharge was much lessened, but in other respects she felt much as before. By the 20th of October the discharge had almost ceased, but she was in other respects the same as when admitted into the Infirmary.

On the 28th she complained of being worse, having rather more pain over the abdomen, and great pain in the head. At night she was incoherent, wandering from one subject to another. The bowels had not been moved for two days. Some calomel and antimonial powder were taken at night, and a blister was applied to the nape of the neck. The night was restless, but the bowels were moved very freely on the morning of the 29th.

On the 30th she began to complain of great increase of pain in the abdomen, with tension and much tenderness on pressure. No vomiting; pulse hard, small and wiry. It was found, on inquiry, she had an umbilical hernia, but on examination it did not appear strangulated. Ten leeches were applied to the abdomen, by which she appeared slightly relieved, but shortly after the tension, pain, and tenderness returned.

The countenance now became ghastly, and the eyes sunk; she had constant tenesmus. A large blister was applied to the abdomen, and she had an opiate enema. At about ten o'clock that night she vomited for the first time, which recurred several times in the night. There was no relief from the blister, and all the direful train of symptoms which usually characterize the last stage of peritoneal inflammation now shewed themselves. She died at three o'clock of the morning of the 31st.

Examination of the body twenty-four hours after death.—On opening the abdomen, purulent matter was observed, covering all the intestines. The uterus appeared to occupy the same space in the abdomen that it does in the seventh month of pregnancy; it was firmly and closely connected anteriorly with the peritoneal lining of the abdominal muscles. At the posterior part it was connected with the peritoneal covering of the bowels, and, as in the healthy state, with the sides of the pelvis, by the ligamenta lata, as also to the pudendum, by the ligamenta rotunda. On cutting it from its connexions with the above-mentioned parts, and elevating it, a process was found descending from the lower and posterior part of this large uterus, into the cavity of the pelvis, passing between the rectum and the os sacrum, and separating the former from the latter. The vagina and the urethra were naturally situated. The whole surface of the tumor was very much inflamed, and covered with pus. The peritoneal lining of the abdominal muscles was in the same state. The colon was larger than natural, but not distended with fæcal matter. The cæcum was large. The rectum not larger than natural. The small intestines of their usual size.

The peritoneal covering of the stomach was much inflamed, its upper surface adhering, by recent lymph, to the under surface of the left lobe of the liver.

The liver was twice its natural size; its peritoneal coat inflamed, recent lymph being deposited on it. In addition to this, it was firmly and closely united, by old adhesion, to the diaphragm.

The spleen enlarged, and very soft in its structure. Its peritoneal coat had become cartilaginous in some places.

Pancreas healthy. Kidneys healthy. Urinary bladder full of small calculi. Thoracic viscera healthy.

There was nothing but omentum contained in the hernial sac, at the umbilicus, and it was not strangulated. On macerating the diseased parts it was found that a tumor had grown within the uterus, much resembling the muscular structure of that organ. The uterus could with ease be separated from the tumor, being connected with it by common cellular substance.

The uterus and tumor, together, weighed 14lb. 8½oz.

Observations.—It is remarkable, in this case, that two very important organs, the uterus and the liver, were very considerably diseased, and yet this woman, until within a very short period of her death, appeared to suffer but little in her general health. There was, indeed, no other symptom of constitutional disturbance but a difficulty in passing the urine, and constipation.

Dr. Baillie seems to regard growths of this description in the uterus as tubercles; he says, “a mass of the same kind is sometimes found in the cavity of the uterus, and often grows to a large size. I have seen it a good deal larger than a child's head at birth. This mass, when cut into, exhibits precisely the same appearances as those which we have lately described. It is remarkable that such masses within the cavity of the uterus commonly do not adhere in any part closely to it, but are connected with it loosely, by the intervention of cellular membrane and small blood-vessels, so that they can be very easily peeled off without injuring the structure of the uterus.”

“These tubercles,” he says, in another place, “have a structure much resembling that of the uterus itself.”

The size of the tumor, in the case above related, is greater than any one alluded to in Baillie's works, as he mentions one the size of a child's head at birth, as the largest he had seen, which falls far short of the one here detailed.—*Midland Med. & Surg. Reporter, No. 1.*

Notices in our next.

* * It is requested that all letters to the Editors of the Gazette be addressed to Messrs. Longman and Co. *post-paid*.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 38.] SATURDAY, AUGUST 23, 1828. [Vol. II.

ESSAYS ON SYPHILIS.

By JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 294.]

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WE may now, perhaps, be tempted to exclaim with an anonymous French writer, "there is no venereal disease at all;" and passing from the extreme of timidity to that of confident rashness, be disposed to place the belief in syphilis in the same rank with that concerning the contagion of the plague, and the existence of hydrophobia, as held by some sceptical philosophers of the present day; nevertheless, such a conclusion would, I conceive, be equally premature in either of these cases, for the experience of a few more years, whilst it has left the facts above cited untouched and uncontradicted, has amply shewn that the proportion of secondary symptoms, as well as their obstinacy, the slowness and uncertainty with which primary ulcers heal, their frequently breaking out again under the non-mercurial system, rendered it highly inexpedient, and in fact impossible, to introduce this practice into general use; nay, more, in several instances, even among the military, little accustomed to regard consequences, it began to excite uneasiness; the proportion of cutaneous affections, of ulcered throats, of pains in the larger joints, and other concomitant evils, became a serious evil, and induced many regimental surgeons to remodel their practice, and to adopt a plan of treatment less exclusive with regard to mercury.

Evils, still greater, but which are not fairly ascribable to the above investi-

gations, also arose throughout the country; for the general confidence in the power of mercury having become shaken, if not destroyed, and nothing like fixed principles established in its stead, many practitioners were satisfied with a very trivial or slovenly exhibition of that remedy; it was often given out without any precaution, and the result was, that few of those who became affected with primary syphilis escaped some after consequence: this circumstance, formerly so rare, soon produced a re-action in the opinion of professional men, and the new doctrines did not fail to suffer in the estimation of those who had at first been among the number of their warmest advocates, and to this day the practice continues in a state of uncertainty, of which this, I conceive, is no exaggerated picture. Still farther to confirm, and extend this confusion, other circumstances have very much contributed: I allude especially to the enquiries instituted into those diseases resembling syphilis, as well as the recent distinctions drawn by Mr. Carmichael, the direct consequence of which has been, that by endeavouring to distinguish with accuracy the origin of particular ulcerations, and restricting the syphilitic sore to one peculiar form, in relying entirely upon verbal descriptions of ulcers, which no two surgeons perhaps have seen in the same point of view, or in the same *state of their progress*, the practitioner has become involved in a labyrinth of contradictions, and the patient has too frequent cause to lament that his security has been sacrificed to unnecessary refinement.

The direct course of my enquiry now leads me to consider that branch of the subject to which I have just adverted—

that is, to diseases resembling syphilis; but before I do so, I would wish to point out the real benefits which are to be practically derived from the investigation into the natural history of the disease of which I have just given you a pretty extended account. In the first place, then, it must be obvious, either that the venereal disease has been sadly misrepresented in former times, or that its symptoms have become much milder, either from the mere lapse of ages, or in consequence of the change which the continued exhibition of mercury from generation to generation has produced. To me it appears very unlikely that our ancestors have made any very gross mistake in their account of the symptoms of syphilis; that occasionally some doubtful affections might be admitted among the number is very probable, but if we take, not the particular opinion of one writer, but the general account of a number of contemporary authors at any period subsequent to the middle of the 17th century, the descriptions they give us rather differ from what are now met with in the severity of the symptoms than in their identity; and we must remember, also, to deduct from this account all those consequences which are universally admitted to have been produced by the profuse and very incautious manner of administering mercury at that time in use; it is, therefore, I think, nearly as improbable that mercury can be allowed to have the merit of having modified or lightened the symptoms. Had its character, as a specific, been indeed so absolute and undeniable as has been more than once asserted, we might have expected the disease to have become extinguished rather than modified; whereas, as far as we can collect from authors, or from our own experience, whenever mercury has been given without effecting a cure, so far from the disease having any tendency to become milder, it has been actually aggravated. We are, therefore, reduced to embrace the only remaining supposition, that the progress of time, bringing with it a better and more wholesome mode of living, both with respect to food, clothing, and lodging, together with much greater cleanliness of person, and a more discriminating and temperate plan of treatment, have been the real and efficient causes of the milder aspect of the disease in these latter days; though, perhaps, after all,

we are boasting of what may only be a temporary blessing, for I would suggest the probability, that at those particular periods in which we have found practitioners abstaining from the use of mercury, as, for example, in the days of Fallopius, Abercrombie, and afterwards of Morgagni, and many others before and since, there is reason to suppose that they did so in consequence of having had to treat a milder form of the disease, just as in our own day we have seen one surgeon speaking of the disease in Portugal as very severe, whilst a few years later that severity was not recognized; and still later it has been observed, that in Ireland primary sores of great malignancy have been met with in some seasons which have been unknown at others; therefore, whilst I admit the fact that syphilis is much milder now than formerly, that is, I mean within the memory of practitioners now living, yet I think it by no means impossible that this condition of things may not endure, and that more severe forms of the disease may again become prevalent, in the same manner that the small-pox epidemic shall remain mild and mitigated for some years, and afterwards return to us with renewed violence. However this may be, it may fairly be asked, granting that the disease is now mitigated in severity, what has the profession gained by the experiments above mentioned? and to what practical purpose can they be applied? My answer would be, in this point of view they are invaluable, since they have shewn us that we may safely, nay, advantageously, dispense with the use of mercury upon all those occasions wherein we discover, or suspect that it is operating deleteriously upon the constitution. Whenever fever is excited, or pains, either local or general, are induced, without apprehending any of those formidable consequences that used formerly to alarm the surgeon as well as the patient, we may await patiently and tranquilly the favourable moment for exhibiting the medicine; we may apply to the ulcers on the genitals the same principles of cure which would be applicable to sores on any other part of the body; nay, more, in those constitutions prone to struma, we may confidently forbear its employment, or when necessary to do so, we may prescribe it either in so mitigated a form, or under such combinations, as

to disarm it from all those dangers which occasionally render its exhibition a cause of more real suffering than the disease itself; and yet let me not have it imagined that I am one of those who recommend the exclusion of mercury from practice in the venereal disease; on the contrary, it is my object to prove that in the vast majority of cases it is our sheet anchor.

Those who recollect the summary manner in which all breaches of surface on the parts of generation were, at no great distance of time, condemned to mercurial treatment, without any reference either to the condition of the sore or constitution; the frequency with which sores so treated were accustomed to inflame and spread, instead of healing the fever that was occasionally lighted up; in short, the combat excited between the powers of nature and a mistaken line of practice, may be inclined to wonder that no author, prior to Mr. Hunter, should have attempted to draw any distinction between the different species of ulceration met with on the parts of generation; the more especially, since the fact of some of them being aggravated by the use of mercury, was at that time universally admitted, and acknowledged to be a conclusive proof of the nature of the affection.

From the time of Mr. Hunter's publication, then, a new page of our history may be said to be opened; until then syphilis was not doubted to be one disease, and all the variety of symptoms were attributed to one poison; but from that date a new host of diseases became acknowledged and admitted into the catalogue of human woes; these were said to resemble lues in appearance and progress, but yet they were thought not to be syphilitic. This, then, is the next subject that demands our attention, for this is in truth the foundation upon which Mr. Carmichael has built his theory of a variety of syphilitic poisons.

Now, although I am inclined to admit that good has in many respects followed the investigation thus commenced by Mr. Hunter, and that many complaints, which were formerly confounded with syphilis, have since been discriminated from it, and some progress made towards a more accurate classification of the symptoms, yet it cannot fail to be observed that much of the reasoning employed by Mr. Hunter, and subse-

quently by Mr. Abernethy, relative to diseases resembling syphilis, falls to the ground, since the fact of all forms of primary ulceration being curable without mercury has been admitted; for all their distinctions are built upon the converse of that proposition, and with regard to the term pseudo-syphilis, first employed by Mr. Abernethy, I must beg to observe, though perhaps the remark is rather out of place here, that I consider it as a term most unfortunately chosen, since it cannot fail to lead to a confusion of ideas, and as long as it is employed must rather tend to prevent than facilitate a discrimination so much to be desired, for these diseases are either syphilitic or they are not; and, therefore, at once to assert they are not so, and yet to employ a term that brings the actual name of the original disease to the mind, cannot fail to create and perpetuate confusion. But to return from this digression. Now, although the belief of the existence of diseases simulating lues venerea is repeated by almost every modern writer upon this subject, so that Dr. Good has even given them a distinct place in his nosological arrangement, I do not hesitate to declare that I do not believe in their existence, and I cannot conceive that we are justified in drawing any such marks of distinction now that we have seen that syphilis itself, acknowledged and undoubted syphilis, under all its forms is curable without mercury. When that fact was either unknown, or denied, it certainly became necessary to seek some escape from the dilemma which occasionally presented itself on finding certain symptoms so similar to those of syphilis as not to be distinguishable from it by the senses, getting well either with sarsaparilla or without it; or again, other symptoms aggravated instead of being cured by the action of mercury. But surely we have now learned, by the thousands of experiments that have been made in this country and on the continent, that this distinction is not founded on facts, that all forms of syphilis may get well without one particle of mercury, and that under peculiar circumstances, that mineral may act as a poison, although the disease for which it was prescribed was undoubtedly syphilitic.

There appear to me to be three questions connected with this branch of my subject, which it would be very desira-

ble to decide:—1st. Whether it is possible to ascertain by the appearance and progress of the ulcers on the genitals, if they be the produce of impure connexion or not? 2dly. Whether breaches of surface on the parts of generation not produced by sexual connexion are ever known to be followed by constitutional symptoms of any determinate character? and 3dly. Whether sores acknowledged to be the result of impure connexion are regularly and invariably succeeded by peculiar trains of constitutional symptoms, having constant reference to a peculiar form of ulceration?

Towards deciding either of these three questions I am afraid it must be admitted that Mr. Hunter has not done much; he has certainly the merit of having first opened the road to future inquiries, but the cases he has brought forward in support of his opinion admit of a very easy solution now, and demonstrate the very rapid strides which have been made of late years in the knowledge of this class of diseases. In order, therefore, to trace the progress of this inquiry, it will be necessary for me to mention, shortly, the principal facts which Mr. Hunter has adduced in support of his views relative to diseases resembling syphilis, and we must recollect that his observations do not apply to herpes of the prepuce, to common plegmon, or to erysipelas, which may attack the parts of generation as well as any other portion of the body, and of which affections he treats separately. Mr. Hunter commences by remarking that many diseases resemble each other in one or two of their symptoms; and that, therefore, in order to draw a just judgment, the aggregate of the symptoms should be considered, and this observation he deems more applicable to the venereal disease than any other, since he conceives that it has no one symptom peculiar to itself; and this he attempts to illustrate by the example of a gonorrhœa; but the most remarkable passage relating to this question is the following:—1st. That sores on the glans penis, prepuce, &c. in form of chancres, may and do arise without any venereal infection; and again, other disorders shall not only resemble the venereal in appearance but in the mode of contamination, proving themselves to be poisons by affecting the part by contact, and from thence producing im-

mediate consequences similar to buboes, also remote consequences similar to lues venerea: the inference, however, which he draws from these two positions leads us to the belief that the only criterion he admitted between a venereal and a non-venereal disease was the possibility of curing one of them by mercury, and that whenever it happened that the symptoms went from bad to worse under its use, he supposed that he had been mistaken in the nature of the case. That this is a plain statement of the fact the relation of a few of his cases clearly demonstrates; the first is that of a gentleman in the West Indies, who having a wound in his finger, opened the abscess of a negro woman who was labouring under the yaws, and was conscious at the time of having inoculated himself; he had recourse to mercury, but in spite of it successive tumors formed over the hand and up the arm; in a month or two nocturnal pains came on, with other distressing symptoms, which persisted, although he used mercurial frictions for five months; afterwards, at the distance of half a year, a scabby eruption appeared over his legs, and his tumors ulcerated: the nocturnal pains being then mitigated, he never could bring on salivation, though the mouth was tender, and he arrived in England about two months later, where he obtained a cure by the use of mercury and sarsaparilla conjoined. You will perceive at once that this is not a case of the venereal disease, and has nothing to do with the question; the disease was the yaws, and ran its course in the manner usual with that complaint.

The second case is that of a gentleman, who after undergoing a course of mercury for the cure of chancres, was restored to health in five weeks; he almost immediately had connexion with a woman; in a few days the prepuce appeared as if chapped all round the edge of its reflection. The connexion was, notwithstanding, continued, and the patient applying at length to Mr. Hunter, the chaps or fissures were found to be very deep, and paraphymosis had taken place. In this dilemma, Mr. Hunter considering the case not to be venereal, sent the patient into the country, and his sores all got well without any thing being done for them, but a fortnight afterwards the lady became ill, and after a slight fever had a

swelling in the groin; its progress was slow, but it broke, and as it shewed a disposition to heal, Mr. Hunter did not consider it as venereal; but at the end of six weeks, when it was perfectly well, eruptions came out on the skin of the face, thighs, hands, and feet. This staggered Mr. Hunter a little, but they got well, although nothing was done. Surely this is a case about which we should not be much puzzled now: a man excoriates himself violently, he continues to have connexion, he becomes infected, the female in a very short time proves herself to have been infected by the appearance of a bubo: it is not even hinted that an examination took place to discover whether ulcerations in the pudendæ existed or not, and in truth the whole curiosity of the affair is, that all the symptoms got well without mercury.

The third case is simply one in which the patient's health (he was a man of intemperate habits) was much affected, so that on prescribing mercury for a sore on the glans penis, attended with excessive pain, it was found to disagree, and the sore was finally healed by cinchona, sarsaparilla, and opium. This was followed some months after by a tumor of the scalp, and succeeded by an extensive caries of the cranium, attended with excessive pain; these sores healed up, and others ensued, which all got well, excepting that for a long period one large ulcer at the angle of the right eye remained unhealed, so that in this case also there was nothing but what the recent experiments above recited render perfectly intelligible; for here was evidently an irritable habit of body, which, combined with an improper use of mercury in the first instance, produced a hybrid disease, which has in most respects more the character of struma than of syphilis, and which indeed receives a very rational explanation in the following passage of this author's own work: "The venereal disease often becomes the immediate cause of other diseases, by calling forth latent tendencies into action." It is, therefore, I think, very evident that Mr. Hunter leads us but a very little way towards the solution of either of the questions above proposed, but a much more ample field opens upon us when we come to examine the works of Abernethy, Evans, and Carmichael. This task I reserve to my next essay.

[To be continued.]

PATHOLOGICAL AND SURGICAL
OBSERVATIONS
RELATING TO
INJURIES OF THE BRAIN.

BY B. C. BRODIE, F.R.S.

Surgeon to St. George's Hospital.

(Concluded from page 302.)

THE nature of Mr. Brodie's paper, which, as we mentioned in a former number, is in itself an analysis of all that is known upon the subject of which it treats, rendered it difficult, if not impossible, for us to condense it still farther without material injury: we have therefore given much more copious extracts from it than we are in the habit of doing from works in general. In the present article we have omitted all that is not strictly practical, and by this means have been enabled to bring the subject to a close.

* * * *

"The removal of a part of the cranium is not to be viewed as a trifling matter, or as an operation which we are warranted in performing without a very sufficient reason. 1st. The process by which the aperture in the cranium is filled up with new bone requires many years for its completion, even where the aperture is small; and where it is large, that process is never completed at all. The deficiency of the cranium must render the patient much more liable to suffer from accidental injury than he would have been if the cranium had been perfect. The cicatrix must be more easily penetrated by a cutting instrument, and more likely to give way under the force of a severe contusion, than the bone itself; and in the second volume of the Edinburgh Medical Essays, a case is recorded in which, during a violent fit of the whooping-cough, such a cicatrix was lacerated, the dura mater torn, and the brain made to protrude through the wound, the patient dying with paralysis of the limbs five days afterwards. 2dly. Without referring to those remote consequences, or to cases in which it has been carelessly or improperly performed, the operation of the trephine is not to be regarded as one altogether free from danger. I saw a case in which a surgeon was induced to apply the trephine, although, as the event proved, there was no sufficient reason for doing so. The

dura mater, at the time of the operation, was found adhering to the bone, and in a healthy state. Nevertheless, when the patient died some time afterwards, and the body was examined, the external layer of the circular portion of the dura mater, which had been exposed in consequence of the trephine being employed, was found in a state of slough, and it was a matter of doubt whether the sloughing did, or did not, extend through the whole thickness of the membrane.

In another case, which occurred in St. George's Hospital, Mr. Gunning was induced to apply the trephine, in consequence of a suspicion that suppuration had taken place between the bone and the dura mater. The suspicion proved to be ill-founded: the dura mater was in a perfectly natural state, and there was bleeding from the small vessels on its surface after the renewal of the bone. The patient died afterwards in consequence of inflammation of the brain and pia mater. On dissection, besides the usual appearances produced by such inflammation, it was found that the circular portion of the dura mater, which had been exposed in the operation, was in a state of slough, the slough extending through its whole substance. Everywhere else the dura mater was in a natural state. It is reasonable to conclude that the sloughing of the dura mater in these cases was the consequence of it being deprived of its natural protection, and of the supply of blood which it receives through the vessels of the bone."

Mr. Brodie thinks that in the case last mentioned, if the patient had survived a little longer, the slough of the dura mater would have been separated; and *hernia cerebri* formed. That this condition may result from the removal of the cranium, is, *à priori*, probable, and is proved by cases published by Mr. Stanley in the eighth volume of the *Medico-Chirurgical Transactions*.

"Taking all these facts into consideration, we cannot refuse our assent to the proposition that the perforation of the skull, and the removal of a part of it, is attended with a certain degree of danger, and the evidence hitherto adduced is in favour of the opinion, that "it is most prudent to abstain from the use of the trephine, where there is a fracture with depression of the cranium, producing at the time no unfavourable symptoms."

But much may be said on the other side of the question; and, at any rate, there are other points to be considered before we can arrive at a positive conclusion on the subject.

1st. Although in some cases sloughing of the dura mater and *hernia cerebri* may follow the operation of the trephine, there are many other cases in which this never happens, the dura mater granulating, and the wound cicatrizing favourably.

2dly. Notwithstanding that a depression of the cranium is allowed to remain in many instances without it being productive of any bad consequences, there are numerous examples of such an injury being followed by extensive mischief. Suppuration takes place on the surface of the dura mater, an abscess is formed between that membrane and the bone, and ultimately (as I shall endeavour to explain on a future occasion), if the abscess has no opportunity of discharging itself externally, the inflammation extends to the parts below, and there is suppuration of the tunica arachnoides and pia mater, leading inevitably to the patient's destruction.

3dly. Where a depression of the cranium is allowed to remain, it sometimes happens that symptoms arise, after considerable lapse of time, which may even endanger the life of the patient, and which are to be attributed to the continuance of the depression, although it had occasioned no inconvenience in the first instance. I saw a well-marked and very instructive case of this kind several years ago, under the care of Sir Everard Home, of which Sir Everard has published some account in the *Philosophical Transactions* for the year 1814. A gentleman received a blow on his head in consequence of having fallen from his horse, which occasioned a fracture and depression of one parietal bone. The depression was two inches and a quarter in its longest, and an inch and a half in its shortest diameter, and in one part nearly three-quarters of an inch below the natural level. At the end of six weeks, the early symptoms had subsided, and the patient was considered well. As soon, however, as he returned to his usual occupations, various nervous symptoms began to shew themselves, which manifestly depended on the continued pressure on the brain. These symptoms, instead of diminishing, increased in severity, and on some occasions were such as to occasion seri-

ous alarm; in consequence of which, at the expiration of three years from the time of the accident, Sir Everard was induced to remove nearly the whole of the depressed bone with the trephine. The wound cicatrized readily. The symptoms which existed before the operation were immediately relieved, and, as I have been informed, never recurred.

In this case the fracture and depression were very extensive, and probably these ultimate ill consequences, or secondary effects of the injury, may be avoided, if we consider it as a general rule that an extensive or deep depression should lead to the application of the trephine, although the same necessity does not exist where the depression is small.

This rule, however, affords us no assistance with respect to the greater danger arising from the chance of suppuration between the bone and the dura mater; this being as likely to occur where the depression is small as where it is large.

Sir Astley Cooper has stated in his *Lectures on Surgery** that there is a great difference as to the danger of inflammation and suppuration of the membranes of the brain, between those cases in which the fracture and depression is complicated with a wound of the scalp, and those in which the soft parts are uninjured; such mischief being much more liable to occur in cases of the first kind than in those of the second: and on these grounds he recommends that where this complication exists, we should not hesitate to apply the trephine; and on the other hand, that where it does not exist, we should carefully abstain from adding to the injury, by dividing the scalp and exposing the fracture. But many persons undoubtedly have recovered in whom there was at the same time a wound of the scalp, and a fracture and depression of the cranium, although no operation was resorted to. The cases to which I have before alluded as published by Mr. Abernethy, are all examples of this fact; and I recollect other similar cases which have fallen under my own observation. I have conversed also with several other surgeons, whose experience on the subject has corresponded with my own, and all these circumstances led me in the first instance to doubt the

accuracy of Sir Astley Cooper's conclusion.

The question, however, is not to be decided merely on these premises. Many persons may do well without an operation who suffer from what Sir Astley Cooper denominates a compound fracture of the cranium, and yet it may remain to be determined what is the probability of suppuration taking place in these cases, as compared with those in which the scalp escapes uninjured?

For many years I have preserved notes of a large proportion of the cases of injury of the head, which it has fallen to my lot to witness. Among them, of course, are many in which there was fracture, with or without depression, followed by suppuration between the dura mater and the bone. On referring to these for further evidence on this interesting subject, I find that the cases in which suppuration takes place where the scalp is entire, have been comparatively rare; bearing a very small proportion indeed to those cases in which suppuration has followed a fracture complicated with a wound of the scalp. Such is the result of my own experience, during a considerable period of time, and which I am enabled to give not merely from a general recollection of what I have seen, but on the authority of written notes, made at the bedside of the patients, and for the most part before the question which they illustrate had ever presented itself to my mind.

Taking all these facts into consideration, and endeavouring to give its proper value to what may be urged on either side of the question, I cannot but acknowledge, whatever may have been my first impression on the subject, that it appears to me at this moment that the views of Sir Astley Cooper are well-founded; and that, in those cases in which a depression of bone exists without any symptoms, or with only trifling symptoms arising from it, the surgeon can follow no better general rule than this: if the depression be exposed in consequence of a wound of the scalp, let him apply the trephine, and elevate the depression; but if there is a depression without a wound of the scalp, in consequence of the accident, let him not make such a wound by an operation. An exception may perhaps be properly made with respect to very extensive depressions of the cranium,

* The Lectures of Sir Astley Cooper, Bart. by F. Tyrrell, &c. Vol. I.

which it may be prudent to expose and elevate at all events, not because there is a greater danger of suppuration from these than from smaller injuries, but on account of the ultimate ill consequences which the patient may experience if the brain be left permanently subjected to a very considerable pressure."

* * * * *

Treatment of Contusions and Wounds of the Scalp.

"Extravasation of blood in the cellular texture of the scalp seems to require for the most part no particular attention. Here, as elsewhere, the swelling made by the extravasation gradually becomes less prominent, and more diffused, and no great length of time elapses before it disappears altogether."

* * * * *

"Punctured and incised wounds of the scalp require (in the first instance at least) no peculiar treatment. Nothing that has occurred in my own experience would lead me to believe that there is any reason why adhesive plaister should not be employed to approximate the edges of a wound of the scalp, as well as those of a wound elsewhere. Erysipelas not uncommonly follows a wound of the scalp, but it seems to me to occur equally, whether the wound is dressed with adhesive plaister or in any other manner.

When a portion of the scalp is separated in the manner of a flap, so as to expose the tendon of the occipito-frontalis muscle, or the pericranium, if it be carefully and neatly replaced, it will often become united by the first intention to the parts from which it has been separated. In many cases, however, there will be no adhesion, as where some time has elapsed before the wound has been dressed; or there has been considerable contusion; or the surface of the wound has been smeared with dirt, or other extraneous substance. In other cases there will be partial adhesions, some parts of the wound becoming united while there is suppuration elsewhere; and (as I shall have occasion to observe hereafter) this state of things requires much attention on the part of the surgeon, lest the formation of abscesses in certain places should do injury to the pericranium and bone, and destroy the adhesions in the neighbourhood.

In those cases also, in which the pericranium is separated from the bone, it is for the most part right to replace the scalp, with the torn surfaces in contact, and to allow them to have the chance of becoming united, whatever that chance may be. Such union will not unfrequently take place even in the adult, where the bone is not exposed to a great extent, and the parts are nicely adjusted to each other; but there is much more reason to expect it in the young person, on account of the greater vascularity of the harder textures before the period of growth is concluded."

Treatment of Fractures of the Cranium unattended with Depression.

"It seems to be the general opinion of modern surgeons, that a fracture of the cranium, where there is no depression, and no evidence of any considerable extravasation between the dura mater and the bone, requires nothing beyond the strict antiphlogistic treatment, which ought to be resorted to in all cases of injury of the head. The fractured surfaces being here in contact, are under circumstances the most favourable to the process of union, and the removal of a portion of the bone with the trephine must be regarded as a considerable, and, as far as the fracture itself is concerned, a wanton addition to the mischief already inflicted, which, instead of expediting, cannot fail materially to retard the patient's ultimate recovery."

Mr. Brodie then enters into a consideration of Mr. Pott's opinions and practice in such cases. For the details we must refer to the paper itself, and content ourselves with stating that Mr. Brodie holds the reasons for abstaining from the use of the trephine to be more conclusive than those for its adoption, which we believe to be the opinion of every well-informed surgeon of the present day.

Treatment of Wounds of the Brain and its Membranes.

"Although the condition of the patient who labours under a wound of the brain, or dura mater, is essentially different from that of one in whom no such wound exists, the general treatment required in these two orders of cases is nearly similar; and bleeding, purgatives, low diet, and a state of perfect repose, form an important part of

the remedies to be employed in cases of wounds, as well as in those of concussion and compression of the brain.

The object of the local treatment, where there is a wound of the brain or its membranes, is not so much to relieve the existing symptoms as to prevent future ill consequences, the principal of which are (as I shall shew hereafter), 1st, inflammation, extending from the wound over the membranes of the brain, and producing an effusion of serum and pus; 2dly, inflammation, suppuration, sloughing, and dissolution of the substance of the brain; 3dly, protrusion of the brain, in the form of what is commonly denominated a *hernia cerebri*.

A judicious surgeon will always bear in mind, that, especially on these occasions, the first rule of his art is not to add to the mischief already done. If splinters of bone have penetrated into the brain, and can be removed with perfect facility, and without the smallest additional disturbance to the injured organ, such removal cannot be improper, and may probably be useful. Many persons, however, have recovered, in whom an opposite practice has been pursued. I saw a gentleman in whom detached fragments of bone remained imbedded in the brain many months after he had received a wound in the head from a pistol bullet, and who suffered scarcely at all from the injury. Do not such cases justify us in leaving splinters of bone untouched where there is any kind of obstacle to their easy extraction? Are they not even sufficient to shew that any other mode of proceeding would be improper, and that it is better to leave the patient to take his chance with the splinters lodged in the brain, than to commit the smallest additional violence in an endeavour to remove them?

A similar observation may be made respecting depressions of bone when complicated with wound of the brain. If the edge of the depressed bone be imbedded in the substance of the brain, it may be proper to restore it to its natural level, provided that this can be readily accomplished with the forceps or elevator. But individuals have recovered in whom a depression of bone has been allowed, under these circumstances, to remain without being elevated; and it cannot be advisable to risk this chance of recovery, whatever

it may be, if the elevation requires the application of such a degree of force as is likely to cause the most trifling additional injury to the wounded brain. I have myself been led to doubt the expediency of applying the trephine in those cases in which there were no circumstances making the operation absolutely necessary. The motion of the saw must occasion more or less jar to the tender substance of the brain; and this, which may be of little consequence where the brain and its membranes are entire, may make a serious difference as to the degree of danger, where these parts are already lacerated and contused. There is, moreover, the same objection here as in other instances, to the removal of any considerable portion of the parietes of the cranium, namely, the liability which it occasions to the formation of a *hernia cerebri*.

The lodgement of a musket-ball, or other foreign body, in the substance of the brain, is undoubtedly a very serious occurrence, and one attended with the greatest danger to the patient. If the foreign body be of such figure and dimensions, and so situated, that while one extremity of it is inclosed within the cavity of the cranium the other extremity projects externally, it may of course be extracted, and, probably, ought to be extracted at all risks. But with respect to a musket ball, or pistol bullet, lodged in the brain, it may be observed, first, that it rarely happens that it can be discovered and extracted even by the lightest and most practised hand, without such a degree of violence as must be in itself sufficient to produce a train of evils which in all probability would terminate in death: and, secondly, that there are numerous instances of persons who have recovered, although the ball was allowed to remain in the brain; some of whom have suffered no more than they would have suffered from its being lodged in a less important part of the body. Taking all these things into consideration, ought we not to regard it as a general rule, that the extraction of a ball should not be attempted; an exception to the rule being made only in those cases in which, from its more superficial situation, and other circumstances, the extraction can be easily accomplished without the employment of force, and without adding in any degree to the mischief already done?

On the whole (according to the view which I am led to take of the subject), there seems to be, in the very great majority of cases of wounded brain, more wisdom in resorting to negative than to active local treatment. At any rate, as the restorative powers of the animal system are on all occasions the principal agents in the reparation of mechanical injuries, we cannot be wrong, wherever there is a reason for doubt as to what should or should not be done, in leaving nature to take her own course, in trusting to her efforts rather than to human science and art.

* * * * *

I have referred to all the cases of wounded brain recorded in the works quoted below*, and the general results which they exhibit will be found not uninteresting, if viewed in their relation to this point of surgical practice. These cases are thirty-eight in number, of which twenty-six terminated favourably, and twelve unfavourably. This, of course, affords no information as to the actual rate of mortality in cases of this description, the fatal cases being for the most part regarded as too much a matter of course to be worthy of publication, while a very different opinion is entertained respecting the cases of recovery. But the following facts afford some useful information as to the circumstances under which recovery takes place.

In nine cases of wounded brain in which the bone was fractured, but not depressed, no operation whatever was performed. In two of them the patients died; in the remaining seven they recovered.

In fifteen cases no operation was performed beyond that of removing some splinters of bone with the forceps. In five of these cases the patients died, while in ten the patients recovered.

In four cases the wound of the brain was complicated not only with fracture, but with depression of bone. In one of them in which the depressed bone was allowed to remain without being elevated, the patient recovered. In the three

remaining cases the depression was elevated with the assistance of the trephine; and one of these patients recovered, and two of them died.

In ten cases a musket-ball was lodged in the brain. In two of them the ball was extracted, and one patient recovered, while the other died. In the remaining eight cases the ball was allowed to remain, no attempt being made for its extraction, and two of these patients died, while six of them recovered. Of these last, however, one died several weeks afterwards of inflammation of the brain, induced by intemperance in drinking, and another, after having been sufficiently well to resume his duties as a soldier, died in the course of the following year of what was regarded as a *coup de soleil*.

It appears, then, that in fourteen out of twenty-six patients who recovered, no operation whatever was resorted to, and that in ten of the remaining twelve there was no operation beyond that of removing splinters of bone with the forceps. Of those in whom a ball was extracted from the brain one died, and one recovered; and of those in whom the ball was not extracted two died, and six recovered. It is needless to add, that the conclusions to be deduced from these statements illustrate and confirm the observations which have been already made as to the principles which should direct the surgeon in his treatment of these formidable injuries.

There is one circumstance connected with this subject, which is too important to be passed over in silence, and which may very properly be mentioned in this place, as it must very materially influence us in the opinion which we give, at the time of the accident, as to the probability of the patient's recovery. I have not been able to discover, among all the works which I have consulted, a single instance of recovery from a wound of the posterior lobes of the cerebrum, of the cerebellum, or medulla oblongata; and in the great majority of cases in which a cure has taken place the injury has been confined to the frontal bone, and that part of the brain which is covered and defended by it."

The paper concludes with observations "*On the Treatment of some other Cases which are not included under the foregoing heads;*" as where deafness, or loss of taste or smell, follows an injury of the head. For the most

* Mémoires de l'Académie Royale de Chirurgie.—Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge.—Duncan's Medical Commentaries.—Duncan's Annals of Medicine.—Edinburgh Medical Journal.—Medico-Chirurgical Transactions, Vol. I. to Vol. XII. inclusive.—Le Dran's Observations in Surgery.—Hennen's Military Surgery.—Collection d'Observations Cliniques, par M. A. Petit.

part the patient, under such circumstances, recovers the sensation which has been lost in the course of a year or two—a restoration which is to be attributed to the powers of nature rather than to the surgeon.

In furious delirium Mr. Brodie recommends blood to be taken in a full stream; and has almost always found this symptom, after an injury of the head, yield to the depletion. The same treatment is recommended when convulsions supervene soon after an accident; occasionally they come on at a later period, and are connected with inflammation; and when this is the case, still further depletion is indicated. Lastly, convulsions may exist independent of inflammation, being aggravated by bleeding, and subsiding on the patient being allowed more nourishing diet.

WOUND OF THE ULNO-CARPAL ARTERY.

To the Editor of the London Medical Gazette.

SIR,

THE following case, I believe, is of rather rare occurrence, for although every description of facts relating to aneurism has of late years been accumulated with great industry, I find no record of any case parallel to the following in the common works upon the subject, while the rule of practice, as laid down by authors, appears to me to be insufficient. If these circumstances should appear to you to render it sufficiently interesting for publication, you will oblige me by giving it that distinction.

Wm. Hall, æt. 28, a respectable tradesman, on the 3d of May punctured, with the point of a sharp semilunar leather knife, the ulno-carpal artery, in the palm of the hand, about an inch beyond the pisiform bone. The wound was small, but bled profusely: it was bandaged up for the ten following days, by which time it had perfectly cicatrized, and the man took no further notice of it, until a few days afterwards he observed a small pulsating tumor in the situation of the cicatrix. On the 9th of June he applied to me, at Mr. Watson's request, who had previously attended him, under these circumstances, namely:—The tumor had attained the size of a small walnut; it

had a strong pulsation, which was not stopped except by the simultaneous compression of the ulnar and radial arteries; and, by the patient's own account, it appeared to be rapidly increasing. On the 12th of June, after having put a tourniquet upon the arm, I made an incision in the line of the artery, and over the centre of the tumor, about two inches and a half in length, and immediately secured the ulnar artery where it entered the tumor. I then opened the sac, and upon slackening the tourniquet a fierce jet of hæmorrhage immediately issued from it; but I could not succeed with the point of a small probe in finding the opposite orifice of the vessel. I had, therefore, to dissect exteriorly for the vessel, without the guide of the probe, which I accordingly did; and having secured it, I a second time loosened the tourniquet; notwithstanding, however, that the two great sources of supply to the sac were thus cut off, so considerable a hæmorrhage still issued from it, that finding it impossible to discover the bleeding vessel from the bottom of the wound, I had no option left but either to extirpate the sac wholly, or to isolate a part of its vertical circumference, and with a double ligature passed beneath it, and tied both above and below its two ends, to include all that was attached to it. This latter plan effectually arrested the hæmorrhage: the wound was dressed lightly; the last ligature was taken away on the 30th; and on the 7th of the following month the cicatrix was perfect.

In the dissection of the sac and arteries in the palm of the hand, especially if the hand has been much used, as in the labouring class of society, when the texture is very dense and interlined with tendinous bands, and obscured by loose granules of fat, the blunt silver knife, or something equivalent to it, becomes an essential implement. Operations, however, upon arteries in this quarter of the body, are neither easily nor expeditiously performed. To have tied the ulnar artery only, would, it is manifest, have been mere trifling, for the sac pulsated and bled violently after this was effected; while to have tied both the radial and ulnar, as by several friends I was urged to do, (and this is the common rule of practice,) would, as shewn by the operation, have been but a doubtful measure. An artery which probably

communicated with the deep palmer arch, kept up, as I have stated, a profuse hæmorrhage from the sac, after the main vessel both above and below it was secured; so that in whatever way, under such circumstances, we may suppose the anastomotic circulation would have been maintained, a current would almost necessarily have been kept up through the sac, and the operation have been frustrated. In short, where a sac is situated in the centre of so many inosculation—where it is small too, and without coagulum, and where every inosculation would be put upon its full duty, it is hardly possible to conceive that the event could be otherwise, or that the operation could succeed. In the case, indeed, of an aneurism having formed upon any of the branches of the deep palmer arch, the operation here objected to would and must become the only one to be had recourse to; but for aneurisms of the superficial arch, one of the following methods should be adopted:—namely, compression of the sac and artery; excision of the sac; or a ligature upon the two extremities of the artery communicating with it, with or without opening it. Of these the last appears to me to be preferable. I do not say that a ligature upon the radial as well as ulnar arteries would not succeed; but that when, as in this case, there is a chance to the contrary, or in the opposite case a perfect certainty, the last, though a more troublesome operation, should, I think, in all such cases, constitute the rule of practice.

Your obedient servant,

J. PALMER.

1, Suffolk Place, Pall Mall East.

OBSERVATIONS
ON
FIBRO-CELLULAR CYSTS,
CONTAINING

Straw-coloured Fluid and whitish Bodies resembling Hydatids, which are developed in the Substance of Fibro-Cellular Tissues, in the neighbourhood of the Joints of the Upper and Lower Limbs.

BY M. DUPUYTREN.

IN a late Number we gave some remarks of M. Dupuytren upon the subject of cysts with bony parietes, the pathognomonic sign of which was said to be a crepitation like rubbing dry parchment; but which was also compared to the

feeling produced by pressing the fluid in tumors divided into two parts by the carpal ligaments.

On the day following the publication of the above observations in the *Clinique*, a man, about 30 years of age, came to the Hôtel Dieu, who had a tumor of this nature upon the carpal ligament. After having invited the spectators to prove the kind of crepitation produced by touching them, which is even heard, and which he compares to the sound produced by pressing a small chain contained in a leather purse, M. Dupuytren explained the ideas upon this subject with which an experience of twenty years had furnished him. The formation of these tumors is not confined to the wrist only—they are to be found on the foot, the thumb, and upon the palmer side of the fore-arm and hand. Wherever situated, they are constantly divided into two parts, more or less unequal in size. They are generally unattended with pain or discolouration of the skin, unless this should be inflamed secondarily; but sometimes acquire so great a size as to impede the motion of the joint in the neighbourhood. If either end be pressed, the fluid, in passing from one to the other, produces the sound that has already been described; and experience has proved to M. Dupuytren that this sign is pathognomonic—at least it has never proved erroneous in his practice.

What is the mode of treating these tumors? It is from their pathological anatomy, as much as from experience, that this has been decided. After making an opening into the first of these tumors that fell under M. Dupuytren's observation, he was surprised to see a straw-coloured fluid escape, in the midst of which some opaline, transparent, whitish bodies, were floating, folded in the longitudinal diameter, and forming a kind of pouch; one extremity of which was large and round, the other like the neck of a bottle. The resemblance of these bodies to hydatids induced M. Dupuytren to believe that they were of that nature. Having collected a few, he submitted them to the examination of M. Rose, professor of natural history at the Jardin des Plantes. This gentleman examined them with the greatest attention, and came to the conclusion that they were not hydatids, but probably fragments of adipose membrane floating in the serosity. M. Dupuytren did not admit this explana-

tion, since no adipose membrane exists in that situation, and their shape does not allow of the supposition of their being so formed; and notwithstanding M. Dumiril was of the same opinion as M. Rose, the Baron continued to believe them to be true hydatids. As to the causes of their production, these are either to be sought for in the mode of life, the dampness of the dwelling, or in the lymphatic constitution of the patient. It would be difficult to conceive that an external cause, such as a blow, would produce them, had not M. Dupuytren himself seen an encysted tumor in the forehead grow, as it were, under his own eyes, in consequence of a blow from a whip, and which, upon opening, appeared to be entirely filled with a true hydatid.

Experience has convinced M. Dupuytren of the inutility of external remedies, such as douches, baths, friction, &c.: these remedies, which are frequently successful where tumors are not encysted, appear always to be useless where cysts exist, the opening and suppuration of which are the only means of cure. But in these cases, however small, this opening cannot always be made without danger, some patients in whom M. Dupuytren has performed this operation having suffered very severe symptoms: some have even died from the consecutive inflammation of the hand and arm. Experience in the first instance, and reasoning afterwards, convinced this gentleman that a large incision should be made into each half of the tumor. Situated as they are, under aponeuroses, in the midst of tendons, vessels, and nerves, if only a small opening be made, the swelling brought on by the suppurative inflammation of the parietes of the cyst produces almost constantly a strangulation propagating itself more or less to the neighbouring parts. This is avoided by making a very free opening, and the suppuration usually takes place without any accident. When the fluid is evacuated, and these whitish bodies are removed, charpie is to be introduced into each aperture. M. Dupuytren formerly used to pass a seton from the one to the other; but this he has renounced as useless, or even dangerous: it is sufficient to keep the lips of the wound separate, to prevent their adhesion, in order to induce the cyst to inflame and be thrown off.

Incision and suppuration of the cyst, then, are the only remedies for the cure of these tumors. They cannot be extirpated without opening them, for they adhere strongly by their external face to the neighbouring parts, throughout their whole circumference. But since the suppuration of the cyst is not always free from danger, in spite of the salutary advice relative to the extent of the incisions, and the mode of avoiding consecutive accidents, these will sometimes occur, and endanger the patient's life; and since, on the other hand, these tumors are not painful, and have no other inconvenience but that of hindering the free motion of the joints by their size, recourse never should be had to an operation except when they have become so large as to prevent the person from following his usual occupation, or where he is himself determined upon their removal.

DUTIES OF APPRENTICES.

To the Editor of the London Medical Gazette.

SIR,

ALTHOUGH the paper of *Adolescens*, inserted in your *Gazette*, (No. 35) is almost too insignificant to deserve notice, yet as the young man requests an answer to his query, viz. "whether it is considered to be a part of the duty of a medical apprentice, (who has paid a liberal premium, and consequently expects to be liberally treated) to go about amongst the poor patients to collect bad debts?" I beg to be allowed to favour him with a reply; and which must decidedly be an affirmative one. In the first place, it is a melancholy reflection that the medical practitioner, after the arduous and trying duties of his profession, should have so many bad debts to encounter, and it is clearly apparent he must suffer one way or the other; for if his attendance is requested to a case, (even if he is convinced he shall not be paid) and refuses his services, his reputation is at stake; and if he is not remunerated for his skill and labour, his credit must suffer. And now I will ask *Adolescens* who is the most proper person to collect "bad debts?" Surely he will not answer the master; and yet I am almost induced

to believe that the apprentices of the present day think that what would degrade themselves, in their own opinion, would not be derogatory to the master: some of them think themselves such fine gentlemen that they really are above attending to the unpleasant and minor parts of their profession. They all most certainly ought to be treated as gentlemen, at least if their conduct deserves it; but to aver that it is degrading to an apprentice to collect his master's debts, in his leisure hours, is an assertion that is at variance both with experience and judgment; and at the same time, if not contradicted, is likely to be as prejudicial to the apprentice himself as to the master.

In conclusion, I would advise Adolescents, in the spirit of the most friendly feelings, not to decline executing any reasonable request of his master. I would also recommend early rising; (my apprentice often does not make his appearance at the breakfast-table till the meal is half-finished) honesty, in its most extended meaning; humility and sobriety, with the most rigid industry; and if such conduct does not meet its reward, the mind of Adolescents' master must be oddly framed indeed.

Being a constant reader of your valuable Journal, perhaps you will do me the honour to insert the above; which, if complied with, it is my intention another week to trouble you with a few remarks on the subject of masters and apprentices, noticed at page 275 of the second vol. of the Medical Gazette.

I remain, yours, &c.

SENEX.

Northampton,
August 15th, 1828.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity. By G. M. BURROWS, M.D. Member of the Royal College of Physicians of London, &c. &c.

WE have derived pleasure and instruction from the perusal of this work, and intend to lay before our readers rather a copious analysis of its contents.

Dr. Burrows has been long known to the profession as a practitioner, and as the author of “An Inquiry into certain Errors relative to Insanity, and their Consequences, Physical, Moral, and Civil;” and indeed as the intended writer of the volume now before us, which was announced, we believe, more than ten years ago. When works are announced with all the parade of formal advertisement, month after month, and year after year, without making their appearance, we may fairly doubt whether it has ever been the intention of the parties to publish any thing except their own names; or, at all events, whether the advertisement has not been the very first step in the proceeding*. These remarks, however, by no means apply to Dr. Burrows, who accounts for the delay of his Commentaries in a very sufficient manner, and from an occurrence which must have been most vexatious to himself. “A thief,” says the author, “stole my *porte-feuille*, containing all my memoranda, extracts, remarks, &c. and thus divested me, in a moment, of the labour of years.”

The work consists of several parts, each comprehending some great division of the subject; and each part is again subdivided into commentaries on particular questions. The whole is premised by an Introduction, which treats of the opinions of mind and madness entertained by the ancients and the most eminent among modern authors; the general inference from which is, that the ultimate cause of insanity cannot be known till the nature of mind itself be understood; which we take to be equivalent to an admission that it will remain for ever hid. Our author, however, thinks that the phenomena presented by insanity have not been sufficiently studied with reference to other cerebral affections; and that a closer examination of the causes, both moral and physical, will tend to elucidate the subject.

PART I.

COMMENTARY I.

Moral Causes.—Every powerful impression received through the external

* We remember, more than twenty years ago, two systems of surgery thus formally and repeatedly announced at the same time, and evidently in opposition—viz. one by Mr. Russell of Edinburgh, and the other by Mr. (now Dr.) John Thomson; both men of eminence. Neither of these systems have ever appeared,—*Query*: were either of them ever *bona fide* begun?

senses, may become a moral cause of madness; and the same remark applies also to vices which occasion changes in the physical constitution. The effect of an impression will depend upon the degree of constitutional susceptibility, as well as upon the nature and force of the impression itself. The first effect is produced upon the sensorium, but this consecutively affects the heart—so that the nervous and vascular systems are both implicated; and in this manner moral impressions become causes of insanity. “The moral cause, therefore, is always the remote cause; the physical the proximate, or that state of the cerebral functions which immediately precedes the peculiar action denominated maniacal.”

The author states, that the effect of intense emotions, which are frequently repeated, or long continued, is not merely to disturb the functions of the brain, but to produce lesions of that organ; and that many diseases, whether of function or structure, which are attributed to physical causes, are in reality to be traced to emotions of the mind. In persons of a “nervous temperament,” the effects of external impression are most diversified, and demand attention, as more or less indicative of a tendency to insanity. Of such modifications of feeling numerous examples are given. Modesty, shame—which may be looked upon as different degrees of the same feeling—may, when experienced in an intense degree, produce insanity. “Esquirol mentions that he attended a lady who became insane on the wedding-night, from shame of sleeping with a man;” and the power of diffidence in producing the same effect is strikingly illustrated in the history of one of our most delightful poets (Cowper), whose sensitive mind was broken merely by the dread of being unable to discharge with credit the duties of his office, though neither arduous nor very responsible. In terror and horror the blood forsakes the surface and accumulates about the heart, so that its motions become embarrassed, and it may cease to beat, or even be ruptured; but if reaction takes place, it is frequently very violent, and the brain suffers from the impetus with which the blood is forced upon it. On similar principles of disturbing the nervous and circulating system, anger and fear may produce mental derangement.

“Insanity from sudden fright, however, is generally cured with difficulty; especially if it produce menstrual obstructions, which, from this cause, are always obstinate.”

Grief and joy are next considered. The former is too well known as a cause of madness to require illustration. Joy, however, is likely, according to Dr. Burrows, to produce more sudden derangement than grief—a fact which he thinks attributable to the latter passion being frequently relieved by tears. Esquirol asserts, that joy is very rarely a cause of insanity; and, indeed, goes so far as to say, that excess of joy may destroy life, but not reason. Our author differs with him in this respect, and mentions two cases in which this passion in excess gave rise to insanity.

“Assuredly, no impression is more calculated to subvert ordinary minds than the sudden and unexpected influx of great wealth. When thus acquired, many become deranged from being elevated to a sphere for which they were never intended; and previous education furnishing no other resources, *ennui* and *tædium vitæ* follow. Many such, abounding in riches, fancy they will live to want common necessities; but I never knew one become insane from the apprehension of losing his fortune again.

“Actual losses, or disappointments in pecuniary speculations, do not appear to occasion insanity so frequently as unexpected or immense wealth. In the six months succeeding the extensive failures, and consequent distress, of the winter 1825-6, in this metropolis, there were fewer returns of insane persons in the London district than in any corresponding period for many years past.”

Various illustrations are then given of the effects of different passions upon the corporeal functions. The only one which we shall notice is the assertion, on the authority of Avenbruger, that the two pleuræ “are always” found united by firm adhesions, in those who have laboured under nostalgia.

The general inference from the preceding positions is, that every passion and strong emotion may be ranked among the moral, and may become accessory to the physical, causes of insanity. Extensive, however, as Dr. Burrows regards the influence of these moral causes to be, still he does not go so far as

many continental writers; and he acknowledges that it very frequently happens that he can trace no moral cause at all, although he is "very inquisitive on this point in every case." The majority of instances of insanity, he thinks, originate in direct physical causes. The moral exciting causes are much increased by civilization, as even the virtues of polished life, if too enthusiastically cultivated, tend to the production of insanity. This remark applies especially to those in the upper classes of society; but the lower orders fully maintain their equality in this respect, by their excesses—"and thus voluntarily ingraft on themselves the evils which, from their condition, they might otherwise escape." It appears that the idea that mental derangement is more prevalent among the better classes of the community, is merely a vulgar error; and our author looks in the same light upon the assertion that insanity is unknown among savages. The first Commentary concludes with the following observations:—

"All emotions of the mind, it is evident, are capable of disturbing the corporeal functions; and though in themselves moral causes, they become physical in their operation. Hence physical causes grow out of moral causes, and these frequently lead to insanity; not, however, by direct impressions on the organ of the mind, but through the means of those morbid changes in the system which they gradually effect.

"Habitual drunkenness is a moral lesion, productive among the common people of the larger number of the insane. Excessive venery is another fruitful source. So, in fact, in peculiar constitutions, is indulgence to excess in any sensual pleasure. A certain solitary vice, which youth are so apt to contract through bad example, is a moral vice, and wide-spreading cause of insanity, in its worst form—fatuity, and even idiotcy. Tissot has fearfully depicted the progress of the consequences of this odious practice; and those who are unhappily addicted to it, will do well to consult this author's work. They will there read a picture that must, if any sense be retained, check this unnatural propensity, ere it has actually brought on mental alienation.

"Could we imagine a human being void of all feeling, moral or religious, mental derangement is not there to be

expected through a moral cause. But even where reason is wanting, instinct prevails; and brutes have their passions, which, when excited to excess, or thwarted, produce madness."

COMMENTARY II.

Religion in reference to Insanity.—This must be considered as a division of the preceding Commentary; but our author has thought it of sufficient importance to be considered separately.

According to Dr. Burrows, religion may be a cause of insanity, but that this is not the case so frequently as has been supposed; for he inclines to the belief that many cases have been hastily ascribed to a religious origin, merely because the patient has shewn too vivid religious impressions: but a lunatic may imbibe a religious as well as any other hallucination—and it does not follow, because such hallucination is present, that it originally produced the disease. The opinion of our author is, that the Christian faith, "in its pure and intelligible form," has no tendency whatever to produce mental derangement. Neither does he appear to think that the doctrines of any particular sect are in the abstract open to this objection—but that the circumstance which produces insanity connected with religion, is the unsettling of the mind which takes place during the change from one form of faith to another; in short, the act of proselytism, which must necessarily be preceded by doubts concerning the soundness of the faith which the individual has previously held. It would appear, therefore, that the circumstance of religious toleration existing in this country, is, in reality, one of the causes, and a very prominent one too, of insanity, inasmuch as it gives occasion to those numerous sects whose object it is to make converts. At the Cork Lunatic Asylum, it is mentioned by Dr. Hallaran, that religious mania was unknown among the Catholics; the reason of which obviously is, that the priests do not permit their flocks "to be wrought upon;"—they are never allowed to form opinions of their own, and doubt never enters into their minds.

From the preceding remarks it would appear that it is the state of perplexity between the doctrines in which the individual has been brought up, and the

“new light” presented to him, that the mind is most apt to be thrown off its balance; and at these times, circumstances which would, at any other period, have passed unnoticed, make an overwhelming impression.

“A single lady, about eight-and-thirty, enjoying good health, naturally of a cheerful temper, and regular in her devotions according to the rules of the established church, went, in the winter, on a visit. The family she visited were followers of Swedenborg.—Partly through importunity, and partly from complaisance, she attended their worship, and listened to the doctrines propounded. For the first time, perhaps, she catechised her present opinions: doubts arose; and ere she had renounced her former belief, or had adopted the new, she returned home to the vicinity of London. She shewed great and unusual disquietude of mind. Easter Sunday following, which was shortly after her return, she accompanied her mother to church. She stopt to receive the sacrament. There were many communicants; and when the chalice was presented to her in turn, upon lifting it to her lips, she perceived that not a single drop of wine was left for her! She was excessively disconcerted and confused, hurried from the altar in dismay, and retired from the church. She declared she was lost, for the emptiness of the cup proved she was rejected of God! A furious paroxysm of mania ensued. It was, however, only temporary; and she, in a short time, regained her former composure.

“This lady soon after married, and was happy in the connexion: but has twice since, about Easter, when her mind has been naturally called to the religious duties of that period, fallen into a state of great despondency. She, however, has sustained the affliction of losing her beloved husband with all the fortitude and resignation of a true Christian.

“In this case, if the religious principles she had always professed had not been unsettled by the new doctrines she had heard, the casualty that proved the exciting cause of the maniacal paroxysm would have failed of any marked effect.”

COMMENTARY III.

Physical Causes.—This Commentary is considerably more lengthy and less

interesting than those which precede it. It constitutes, in fact, a brief sketch, with critical remarks, of the most noted among the numerous physical explanations of insanity which have at different times been proposed. Into these it would be altogether foreign to our object to follow our author, and we shall therefore content ourselves with extracting such portions as contain the results of Dr. Burrows's experience, or are indicative of his own pathological views on the subject.

“That insanity is the effect of cerebral inflammation, I am persuaded is an error as dangerous as it is common. Nothing is more clear, in my opinion, than that the inflammatory and maniacal actions are totally distinct.”

“There are abundant proofs, both from living and *post-mortem* examinations of the insane, that the brain undergoes, from the invasion to the end of insanity, or of life, if the malady continue so long, various morbid conditions. The incipient symptoms almost always denote great vascular excitation and action: this may be suspended and renewed, with indefinite intervals, for a very long time; and at length the morbid action ceases altogether, and sanity is restored.

“When not cured, and the patient does not die of any accidental disease, I coincide with Georget in thinking that a weakness or atony of the brain is produced. Tissot would say, the *cerebri tonum* was impaired.

“Whatever particular delusions existed when this atonic change in the condition of the brain happens, are apt to persist. But often this atonic state manifests itself by an abolition, more or less complete, of intelligence. Paralysis, at first partial, then general, follows; and all signs of fury cease. Thus the brain is first affected, as the intellectual agent, through the movement and force of the circulation, and next as the nervous agent, from the diminished power and influence of the circulation.

“That the brain becomes enfeebled or atonic in chronic insanity, is further established by the vigour and renewed healthy action which is imparted to it from an accession of fever, even in cases deemed, from their long continuance, incurable; for fever being a state of vascular excitation, accelerates the circulation, and propels more blood through the ce-

rebral vessels, and thus revives the dormant functions of the intellectual organ."

"There is no organ with the morbid actions of which the functions of the brain so frequently sympathize as the liver. As the connexion is intimate, so is it reciprocal; for morbid actions of the former equally, and perhaps as frequently, disturb the functions of the latter. In importance, the functions of this organ are only second to those of the brain, as far as regards the operations of health; and as in the brain, so too in the liver, the circulation of the blood is complex, and very liable to be interrupted by extrinsic causes. Hence the greater facility of disturbing its functions.

"All the passions, anger especially, violently affecting the sensorium, act immediately on the liver; and every excess that disturbs the functions of the stomach easily determines blood in undue proportion to the vena portarum, where, on account of the remoteness of this vessel from the heart, the motion of the blood is always sluggish, and therefore congestion is easily induced. The bile, consequently, is secreted in scanty quantities, the alimentary processes become ineffective, a morbid action of the connecting nerves follows, and the functions of the brain are implicated and disordered.

"Many facts attest that blows on the head will create not simply disordered function, but disorganisation of the liver; and, *vice versâ*, nothing is more common than instances of mental disturbance originating in injuries of this organ, or in secretions of morbid bile, or obstructions of the biliary ducts by gall-stones, spasm, &c.

"Diseases of the hepatic system will even originate delirium, furious mania, melancholy, and suicide.

"Insanity is much more common among the lowest classes than the supporters of its mental origin are inclined to admit. Now, drunkenness is certainly the great vice of this class in Great Britain and Ireland, and the propensity is gratified usually by ardent spirits. In a table of 1370 lunatics, admitted into the Asylum at Cork, Dr. Hallaran says 160 were insane from this unhappy indulgence.

"Dr. J. Cheyne, on the authority of the late Mr. Todd, mentions the great prevalence of hepatic disease upon ex-

amining the bodies of lunatics who had died in the hospitals of Dublin. I need scarcely remark, that from the cheapness of spirits, and the habits of the lower orders of Irish, such appearances might naturally be expected. Indeed I have myself discovered in the bodies of several poor lunatics which I dissected, a condition of the liver that favours the inference that it was produced by excessive drinking.

"The French, comparatively, are considered a sober people; but it appears that inebriation is a frequent cause of insanity among the Parisians. One hundred and eighty-five out of 2507 lunatics admitted into the French hospitals, were insane from drunkenness; and of these *one hundred and twenty-six* were men, and *fifty-nine* women!

Perhaps in no instance would the liver of an habitual drunkard be found diseased without the stomach also having undergone, by the same process, a structural lesion. Without such stimulus, gastric affections are among the most constant attendants of insanity, especially in melancholia and hypochondriacal patients.

"It appears, indeed, a legitimate conclusion, that a morbid condition of the chylopoietic viscera is sympathetically a frequent cause of mental derangement.

"Gastric irritation, too, is a much more frequent cause of mental derangement, through this mysterious agency, than is usually imagined. Long-continued nausea is often a precursor of a paroxysm of insanity. Violent nausea also, from sea-sickness continued for a few hours, has produced mania in three instances within my knowledge.

"The efficacy of remedies, with a view to restore the functions of the digestive organs, after the violence of a paroxysm of insanity has abated, strongly implies that the disorder of them has powerfully influenced the mental derangement.

"Intestinal irritation has, doubtless, its share in sympathetically influencing the brain. Some authors ascribe delirium to intestinal worms; and among the poor, who live on a bad diet, this may be a frequent cause of much sympathetic irritation of the brain.

"Anatomists also describe singular states of disease of the spleen in the bodies of persons dying insane, and hence have imputed much influence to this organ. I have met with two such cases

on dissection; but no symptom existed which indicated disease of this viscus while the patients were living. Indeed the physiology of the spleen is too obscure to justify any reliance on an opinion respecting its functions and sympathies.

“The reciprocal sympathies between the uterine system and the brain, inducing insanity, are too frequent and notorious to escape observation.

“In two instances I have known sudden mania originate from the irritation of cutting the *dentes sapientiæ*.”

COMMENTARY IV.

Hereditary Predisposition.—Dr. Burrows regards it as a fact incontrovertibly established that insanity is capable of being propagated; that is to say, that a peculiar condition may exist in the constitution, which, by intermarriage, may be perpetuated indefinitely: and this so frequently exists as to be a “prominent cause” of mental derangement. It does not appear, however, that mania and melancholia respectively beget their own particular types, but either may produce the other; and, in a numerous family, we sometimes meet with madness, and all the various diseases allied to it—or we may have every gradation of mental capacity among the children of the same parents.

“This I have seen exemplified in a respectable family—one son has transcendent talents, the second is inferior, the third has been for years in a state of fatuity, and the fourth is an idiot. That great wit and madness are nearly allied is not a poetical fiction; but there is this dissimilarity,—the one is rarely ever, the other is generally, an inheritance.”

The propensity to suicide, however, is apt to descend through successive generations. The author has endeavoured to trace every case of insanity which has fallen under his care to its source, and especially as regards hereditary predisposition. He states that the hereditary form of the disease may be as successfully treated as when it arises from other causes; but that when a predisposition is known to exist, it enables us to decide with more accuracy the degree of excitement required to produce an attack. One would naturally expect, *à priori*, that to further so useful an end the relations

of the patient would afford every requisite information, but this is far from being the case; and, although Dr. Burrows regards this as “quite incomprehensible,” it appears to us a weakness, it is true, but one which is very natural, and perfectly *comprehensible*—originating in the unwillingness to acknowledge, perhaps, even to themselves, that they are, by hereditary right, entitled to so dreadful a calamity. Esquirol attributes 150 out of 264 cases of insanity which occurred in his private practice to hereditary disposition. Dr. Burrows estimates the proportion at six in seven of the whole of his patients. Puerperal mania, as might be expected, is the form in which the disease most frequently arises, independently of hereditary taint; this having only been detected in about one half of 57 such cases.

Hereditary predisposition is more common among the upper ranks of society, from the obvious cause of intermarriage; and consequently prevails most wherever the system of family connexions has been carried to the greatest extent. On this principle Dr. B. accounts for the frequency of insanity in Scotland, where, he says, it is more common than in any other country. Insanity is likewise very common among the Jews and Quakers, who usually intermarry in their own fraternities.

Sometimes the predisposition to insanity will lie dormant till old age; at others it becomes developed so early as 13 or 14; and in some where no signs of puberty have yet appeared.

Dr. Burrows has occasionally been consulted by persons contemplating marriage, on the following questions:—

“First, whether a person born of parents in whom insanity has never been developed, but who, one or the other, were descended from a family so afflicted, was capable of propagating it in his own children? Secondly, whether a child born before insanity had been developed in either parent was as liable to become insane as one born after it had been developed?”

The first of these questions our author has had no difficulty in answering in the affirmative, having met with many cases where neither of the parents of the maniac had been insane, but where some of the progenitors had been so.

To the second question he replies,

“that a child born either before or after the accession of insanity in a parent, provided that parent’s progenitors or relations in blood had been insane, was liable to hereditary insanity. But if the insanity of the parent were adventitious, and not hereditary, the child born before the mental disorder had occurred of course could not have it by inheritance; but how far a child born after the occurrence of the adventitious insanity was liable, I could not decide.”

Whether the insanity be hereditary or not, Dr. Burrows thinks, that, having once occurred, the “maniac diathesis” becomes established, and of course the liability to a future attack increased.

[To be continued.]

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally; illustrated with Cases, Post Mortem Examinations, and numerous coloured Engravings. By JAMES ANNESLEY, Esq. Vol. II. Imperial 4to. pp. 586.

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DYSENTERY.

OTHER varieties of dejections occasionally occur, some of which are important; they are sometimes singularly variegated in colour, consisting of a glairy mucus, mixed with a greenish, gelatinous substance, or with pure bile; or else with a muco-purulent matter, and large pieces of albuminous concretions. Blood, in streaks, or in dark coagula, is often mixed with the other matters, or at times is passed in very large quantity, fluid and distinct. Mr. Annesley supposes that in the latter cases it flows from the lower parts of the large bowels; in the former, that it comes from the upper parts of the colon, or from the cæcum. He believes that it may proceed either from an ulcerated surface, or may simply exude from the irritated mucous coat of the bowel. Solid fæces or scybala are seldom seen in the dysentery of India, owing to the quantity of serous fluid exhaled, by which the hard and solid masses are liquified in their passage.

The stools are rarely offensive; they are often mixed with a quantity of dark green bile when the tormina and tenesmus are very urgent; and there is often present a sense of scalding at the anus, with excoriations and troublesome pro-

cidemia ani. Portions of membrane are occasionally mixed with the motions. In the earlier stages these are generally albuminous depositions from the inflamed mucous surface, and are often complete casts of it, so as to be mistaken for the other species, namely, detached portions of the mucous membrane itself. These are only separated, however, towards the termination of the more severe cases, and often are seen hanging out of the anus, all attempts at drawing them out giving excessive pain. In these cases the motions have a raw and cadaverous odour, and purulent matter is frequently to be perceived.

Amongst the natives, or the Europeans who have been debilitated by a long residence in the country, the inflammatory fever which ushers in the dysenteric attack very quickly assumes the typhoid character, and the limbs are often covered with a cold and colliquative sweat. In some the skin is jaundiced; in all severe cases there are pains and spasms in various parts of the body, and contractions of the lower extremities; faintings, imperfect vision, stupor, and other nervous symptoms. The mildest attack may be suddenly aggravated, and exhaustion will often suddenly come on when least expected. Where blood-letting has been freely and early employed, hæmorrhages from the bowels are extremely rare. Dysentery, if left to itself in India, is fatal in two or three days. If properly treated it may be cut short in the same time; but if only half measures have been used, or if it has been from the first of a subacute description, it will not run its course under three, four, or five weeks.

A favourable termination may be looked for if the symptoms yield to the treatment; if the stools become less frequent, but more copious, feculent, and natural; if the tormina and tenesmus disappear, and the patient is able to get some quiet rest, with less frequent desire to have a motion, and a diminution of the febrile and painful symptoms.

On the other hand, if these affections become more severe, or even do not advance, but remain stationary, we may consider the patient’s state extremely hazardous, and particularly if the nervous symptoms and sinking of the powers of life increase. In these instances there is generally fixed abdominal pain; tenderness, tension, and a feeling of heat; there is often a relaxed sphincter ani, and paralysis of the more

distant muscles, as of the tongue and face; grumous and bloody stools are passed, and portions of sphacelated bowel may be also found mixed with the motions. In these cases so much structural disease takes place that recovery is nearly hopeless. Where real gangrene supervenes, the case is fatal; it is marked by sudden remission of the pain, facies hippocratica, hiccup, convulsions, coma, and a peculiar cadaverous fetor from the body and from the evacuations. The acute uncomplicated dysentery may also end in the chronic species, which is a very frequent mode of termination, especially where the plan of treatment has been rather inert.

Of Hepatic Dysentery.—This is a complication of dysentery extremely common in India, and very destructive. It may be acute, when it is accompanied with an acute affection of the liver, and a very morbid state of the biliary secretions; or it may be chronic and subacute, accompanied by abscesses and other organic changes. Mr. Annesley believes the complication to be of two kinds; in one the dysenteric affection is a consequence of the morbid secretions arising from hepatic disease previously existing; in the other the hepatic affection seems to be induced by the dysentery, especially if of a chronic kind. It is not to be denied, however, that they are occasionally nearly coeval as to their origin. When the complication is once induced, the one disorder tends to perpetuate the other, and to render each much more difficult of cure, and consequently more dangerous than in their simple form of existence. When the dysentery occurs after disease of the liver there is not so decidedly at first an inflammatory action going on, but by the constant passage of the depraved and acrid secretions, that action is sooner or later set up. The dysenteric symptoms often mask those of the liver, by their greater severity, and the greatest care is necessary to detect their existence. On the access of dysentery, in an old hepatic subject, the hepatic symptoms will often vanish, but the experienced practitioner knows well that this is deceptive; and it is not uncommon to find them again appear with redoubled violence; and this may even go on to a regular alternation, for a time, of one and the other disease. In a state of convalescence from a simple

dysentery or a simple hepatitis, if there has been exposure to cold or any imprudence, it is very common in India for an accession of the complicated disorder to take place, even if there have been no symptoms of it before; or the second disease may appear alone, instead of the first, which is in progress of cure. In hepatic dysentery we find the bowel affection conjoined with every form of liver disease, functional or structural, which has been noticed in the first volume. As a general rule, it may be said, that acute dysentery is connected with the more active affections of the liver; and chronic dysentery, with organic changes of that organ, and a vitiated or obstructed secretion of bile. In any cases of dysentery, or of hepatic disease, the Indian practitioner must always be on the watch for the complication of the two: to detect this it is only necessary for him to recollect well the peculiar signs of each form of disease, and he will then be able to trace sufficiently accurately the complicated disease in all its stages and terminations. It must always be held in mind that any unfavourable symptoms of either of the diseases are rendered much more so by the existence of the other disease in combination, and particularly if the constitutional disturbance is very urgent, and if there is much depression of the vital energies.

Of the Causes of Dysentery.—This is a very interesting chapter, but our limits will not allow of our going into detail. It will be sufficient to state, that in Mr. Annesley's opinion malaria is the grand promoter of all the epidemic and endemic dysenteries; but that there are certain predisposing conditions and exciting causes which are more or less necessary to the production of the disease, and that these alone are sufficient in sporadic cases, without the concurrence of the malaria. These causes are—habitual costiveness, producing morbid accumulations in the large intestines; depraved secretions; plethora, from free living; youth. (All these circumstances are often combined in new comers, just after a long voyage.) Intemperance, and particularly a free use of the noxious spirits of the country; vicissitudes of season, weather, and temperature; deficient clothing, bedding, and shelter; night dews, night air; exposure to a vertical sun; cold or wet, particularly after much

fatigue or copious perspiration; the use of bad or brackish water, and of unwholesome food, particularly fruits. Fresh pork has often been noticed to produce dysentery in hot climates; and hence it is that in Eastern religions it has generally been prohibited as an article of food; the swine in those countries habitually living on the most disgusting food, "putrid animal matter, and every species of nastiness, particularly the excrements of other animals." Dysentery often follows other diseases, the previous existence of which may therefore be considered as one of the predisposing causes. It often supervenes on the various types of fever; on catarrh—rheumatism; the diseases of the spleen, and of the pancreas; on the healing of old ulcers, and the cure of some eruptive complaints.

In Mr. Annesley's experience, dysentery has never been a contagious disease; but he does not deny the possibility of its becoming so, under circumstances which are particularly favourable to the development of contagion. In the epidemic attacks he is of opinion that there is present some peculiar electrical condition of the atmosphere, but in what this exactly consists, he does not venture to state.

Of the Appearances after Death in Dysentery.—As the effects of the disease, which are seen in post mortem examinations, are those which are universally found to result as the sequelæ of inflammation of various degrees of intensity, it is fair to conclude that the disease consists of inflammation of the mucous surface of the large intestines. This Mr. Annesley believes to be universally the case in India, although simple irritation from acrid matters in the primæ viæ may produce the first symptoms which attract notice. The first thing that presents itself in inspecting fatal cases of dysentery, is the omentum, which is often found inflamed and adhering to the parts in the neighbourhood. The external appearance of the large intestines is frequently natural; and hence many have described fatal cases of this disease without any morbid appearance in the intestines, simply because they have contented themselves with so cursory and imperfect an examination. In general, however, there is a difference in the feel, and also in the colour of the external coat of the bowels; and there are often displace-

ments, elongations, and unnatural convolutions of the colon. The cæcum and colon are also often distended with foetid gas, whilst, in some points, there are constrictions as if by a ligature, particularly near the rectum. Above these strictures the gut is generally much inflamed, and occasionally ulcerated openings are formed, by which the contents of the bowels pass into the peritoneal cavity. When the peritoneal surface of the bowels has been implicated in the disease, redness, congestion, vascularity, effusion of lymph, or pustular ulceration, may be perceived. The internal appearances of the large bowels, are, of course, generally such as are the consequences of a very severe form of the disease, as otherwise it would not have been fatal. But still, from accidental deaths during the earlier progress of the attack, it may happen occasionally that we may obtain a knowledge of the changes that take place under slighter inflammatory action. In this way it may be possible to trace the changes from merely a redness of the mucous surface (from a minute capillary injection), to abrasion, ulceration, and sphacelation. Besides these morbid changes, there are others found, in severe cases, in the neighbouring viscera, particularly the liver and the small intestines; and also sometimes in the spleen, pancreas, mesenteric glands, and stomach; very rarely in the bladder, though the functions of the latter viscus are very much disturbed in most cases of dysentery. The author has given a very minute account, illustrated by several engravings, of the ulcerations and other disorganizations of the mucous surface of the cæcum, colon, and rectum; but we cannot pretend to do it justice by an analysis, and therefore beg to refer our readers to the original work.

Of the Treatment of Dysentery.—Unlike many diseases of milder climates, if left to itself dysentery would be usually fatal: prompt and active measures are essentially necessary to give the patient a chance of recovery. In the acute, uncomplicated dysentery, our first object must be to remove offending matters from the bowels, by an emetic, followed in a few hours by twenty grains of calomel, and this again by a purging draught and an enema. A warm bath is now of great service. After this we must guard against inflammation, or remove it if already

begun, which the symptoms will indicate. This is only to be effected by depletion, full blood-letting if the patient is plethoric, and a new comer; otherwise leeches, followed by a poultice. This is to be pursued more or less energetically according to circumstances, and not to be dispensed with even should there be copious discharges of blood by stool. After depletion, a scruple of calomel, with a grain or two of opium, may be given; and again a purging draught, and an enema.—“So long as we are convinced, by a careful inspection of the stools, that feculent matters continue in the cells of the colon, so long must we persist in the use of purgative remedies.” Calomel and opium at bed-time, an anodyne enema, and poultices, will diminish the tormina and tenesmus, and procure rest, whilst purgatives, &c. may be again given in the morning. The purgatives recommended are the compound jalap powder, castor oil, soda tartarizata, the bitter aperient mixture, and the tartrate or supertartrate of potass, when combined with any of the preparations of senna or jalap. For the enemata, oily and demulcent ones are to be preferred, and all irritating ones to be avoided.—Through the day we may determine to the skin, by saline diaphoretic draughts, and also by ipecacuanha, or antimony. The Dover’s powder is particularly useful. If the stomach will not bear it, an infusion of ipecacuanha may be used as an injection. The other plans consist of a warm bath, frequently repeated; a blister on the abdomen, when the violence of the inflammatory action has subsided, and when there is not much bladder affection existing. The addition of tonics and cordials, with spices, &c. is necessary when the natives are treated for this complaint, and bleeding must not be so actively employed, their habits being much less robust than those of Europeans. Mercury given to salivation is not necessary in the uncomplicated cases; but in hepatic dysentery this effect should be induced. In addition, therefore, to the plans already mentioned, mercurial inunction, combined with camphor, should be freely used over the region of the liver and on the abdomen; but if the use of this remedy be deferred till the disease has made much progress, it absolutely does more harm than good, from the irrita-

tion and exhaustion it occasions. Mr. Annesley broaches an opinion that mercurial action does not take place till the subsidence of any inflammation that may be going on; not that it procures the subsidence of the inflammation by its own action, as is generally supposed; instead of being a cause of recovery, it is merely one of the first effects of a favourable change in the course of the malady. As to particular symptoms to be alleviated, tenesmus, which is a local symptom, depending on inflammation or irritation in the rectum, may be alleviated by leeches to the neighbourhood, and small anodyne, emollient enemata. Excoriations about the anus may be treated in the same way, with the addition of poultices, opiate and astringent lotions, or ointments. Prolapsus ani may be benefitted by leeches and warm astringent washes. If the prolapsed gut is ulcerated, the black wash may be used as a lotion before it is returned. In dysuria, anodyne injections into the rectum, soda, mucilage, opium, hemlock, leeches, warm hip-bath, &c. are to be employed; and if there be spasm, the tinctura ferri muriatis, given to the extent of producing nausea, has often given relief. Flatulence may be removed most effectually by oil of turpentine \mathfrak{zss} . added to the injections. Where hæmorrhoids are present, though they often aggravate the patient’s sufferings, they are easily relieved by the remedies used for the dysentery. Dilute nitric acid, given externally and internally, combined with opium, after the mercurial remedies have been used, has been much praised in dysentery. Our author gives the preference to the nitromuriatic acid. The muriatic, citric, and acetic acids, have been also well spoken of, used in the same manner. The infusions or decoctions of cinchona bark, with rhubarb, are only advisable, either by the mouth or as an injection, when the active inflammatory symptoms have subsided, or when exhaustion and typhoid symptoms have arisen. Amongst the natives they are more serviceable, and may be combined with catechu and ginger. Camphor is a very valuable adjuvant to the opiates and laxatives; it determines to the skin, and diminishes spasm. The diet, in dysentery, should be composed of farinaceous food—as sago, rice, tapioca, &c. In the advanced stages, or with intemperate constitu-

tions, wine may be allowed in small quantities. Broths are objectionable, as producing acidity. The patient should have flannel clothing, and be kept chiefly in bed.

Of Chronic Dysentery and Chronic Diarrhœa.—"Chronic dysentery and chronic diarrhœa appear to depend upon the same pathological state of the intestinal canal, and to differ merely in degree, and in the more or less complete limitation of disorder to particular parts of the bowels. In the former the mucous coat and follicles of the small intestines seem to be chiefly affected; in the latter the same texture of the large bowels are the seat of disease." We apprehend there is some mistake or misprint here, for by inspecting the cases which are detailed, the reverse appears to be the fact in most instances. Both diseases, however, much resemble each other, except that in diarrhœa there is no fever, no tenesmus, tormina, nor bloody stools. The evacuations are more profuse than in acute dysentery, but not so frequent. The appearance of the motions is very variable; occasionally they are like chalk and water, constituting the "white flux," or they are green and lumpy, "like the fat of a turtle;" or they may be serous, mucous, muco-purulent, or gelatinous. Except amongst the natives, where want of tone in the secreting mucous surface of the bowels seems often the proximate cause of these diseases, Mr. Annesley considers that inflammation, more or less, always exists; and the appearances on dissection are generally such as usually result from inflammation. The mucous follicles are diseased, thickened, and ulcerated; and the colon and rectum are often much constricted in various parts. Our author believes that where there are strictures of the rectum, even in temperate climates, there are also generally strictures in some part of the colon. The latter, indeed, he thinks a much more common disease than is supposed, and frequently the cause of many symptoms which are considered merely nervous.

Treatment.—If the motions are not morbid, and the patient is not losing strength, the diarrhœa is often salutary, and should not be suddenly checked; but if allowed to go far enough to weaken, astringents and antacids may be employed, with an occasional purga-

tive, to prevent accumulation. When the secretions are disordered, mercurials, blisters, ipecacuanha infusions, catechu, cinchona, nitro-muriatic acid, and opiates, are all more or less advisable, varied in regard to quantity and time by those circumstances which occur also in acute dysentery, and have been already mentioned. Amongst the natives the treatment should be more or less of a tonic and a stimulating character, combined with the other remedies. The greatest care is necessary for a long time after convalescence, with respect to diet.

A chapter is given upon *Scorbutic Dysentery*, or a complication of dysentery with scurvy—rarely to be met with except in fleets, or armies exposed to great privations, or in peculiar situations. The symptoms need not be here related—they are simply those of scurvy and dysentery combined, and the treatment consists of a combination of the remedies and diet which would be useful to each separately, except that calomel is not to be employed.

This portion of the volume concludes with some remarks upon cholera, but they are merely remarks, and we were certainly surprised to find so little said upon so important a subject, in a work expressly devoted to the "more prevalent diseases of India," and a work of such unusual dimensions. Surely it would have been better for the author to have omitted some of his many pages which are merely repetitions, and to have inserted a more full and satisfactory account of the cholera of India, instead of referring us for farther information to his own former publications. A young surgeon embarking for India, with Mr. Annesley's two volumes for his travelling library, would, as a matter of course, think that he carried with him all that was necessary, and would be grievously disappointed, on meeting with his first case of cholera, to find that he must draw his purse-strings, already lightened by the fourteen guinea quartos of "Practical Researches," for an extra purchase of the "Sketches of the Diseases of India."

Book V. on the Fevers of Warm Climates, in a future number.

MEDICAL GAZETTE.

Saturday, August 23, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

MEDICAL ASSURANCE SOCIETIES.

In two recent numbers we have directed the attention of our readers to the subject of Medical Assurances, and have made more than one allusion to the existence and present condition of the society for the benefit of the widows of army medical officers.

We are induced to think that at the present moment a short account of the rise and progress of this society may not be unacceptable to our readers, and may, perhaps, prove of service to those engaged in forming similar associations.

It was instituted January 1st, 1816, under the patronage of the Director General, Sir James Macgrigor. Its regulations were built on those of the Artillery Assurance Society, which had been in existence nearly thirty years, but revised, and somewhat modified, under the supervision of Mr. Morgan, the well-known Actuary of the Equitable Assurance Office. The following are the leading features in its original regulations:—An annuity of 40*l.* is secured to a widow on the payment of five guineas per annum during the life of her husband, with a marriage fine of twenty guineas, which increases, however, by a graduated scale, whenever the age of the subscriber exceeds that of his wife more than five years. There is a second class of subscribers who pay and receive half of these sums; but in all cases it is provided that the husband must have been five complete years on the Society's books before his

widow becomes entitled to her annuity. Bachelor members are admitted into either class on the annual payment of two guineas, and of one guinea respectively; the inducement held out, (independent of *esprit de corps*,) being a diminution of the fine on marriage, in the event of their entering that state.

During the first year 444 officers enrolled themselves in the Society's books, of whom 114 were married, and 330 unmarried. In sixteen months the society was possessed of 4604*l.* 3 per cents. The first widow was placed on the society's books in March 1821, at which time the numbers of the society had increased to 595, and the amount of funded property to 21,622*l.* At the present time the society numbers 689 members, of whom 271 are married and 418 single. 380 pay the full, and 309 the half rate of subscription. The amount of stock in the society's possession is 44,200*l.* 3 per cents. The total income of the society (including subscriptions, marriage fines, and interest of funded property) is 3734*l.* The list of annuitant widows has increased at the average rate of four annually. Twenty-nine have been upon the books, of whom two have died, leaving twenty-seven to be provided for, which, with the expenses of management, gives a present total annual expenditure of 850*l.*

Such a capital, and such a rapid rate of increase, led for some time to the belief that the condition of the society was eminently flourishing; but a severe shock which has occurred within the last two years to the Artillery Assurance Society, and the openly expressed doubts of some eminent actuaries as to the stability of the fund, induced the members last year to institute a rigid examination into its constitution. Mr. Davies, actuary of the Guardian Assurance Office, undertook the task; the result of which was to shew, that the

rate of subscription was too low, and that the society, without some augmentation of its funds, would ultimately be unable to meet its engagements. This result, so unexpected to the majority of the members, appears mainly to have been owing to a circumstance not probably foreseen in the original construction of the society—I mean a gradually increasing disproportion between the married and the bachelor members. At first there were nearly three bachelors to one married subscriber; now there are only three to two, and the proportion seems gradually to be tending to an equality between the two classes.

During the recent investigations it became a matter of some importance, and of much curiosity, to determine what would be the probable maximum of charges upon the society, and in what period that maximum would be obtained.

The following is an abstract of Mr. Davies's calculations on this subject. The number of married subscribers would be at its maximum at the end of about 35 years from the establishment of the society; that of widows, and the proportion of widows to subscribers, at the end of about 50 years; and at the expiration of about 65 years, (*viz.* in 1881) the number of subscribers, and that of widows, would become constant, the former at 290, and the latter at 160. To meet such engagements the society should possess at that period a capital somewhat exceeding 100,000*l.* 3 per cents. These calculations were strengthened, as well by the experience of the Artillery Society, as by that of the Scotch Clergy, which assimilates very closely with that of the army medical officers.

Some augmentation of the funds being absolutely requisite, it has been decided that from the 1st January, 1829, the subscription of married members is to be raised from five guineas to seven

pounds. Bachelor members are to pay as heretofore; but from all of them, of whatever standing, the probationary period of five years (or in particular cases a compensation fine equivalent thereto) is required before their widows become entitled to an annuity. This had been unaccountably neglected in the infancy of the society; yet its importance may be judged of from the fact that the value of an annuity thus deferred for five years, is, compared to one dating from the opening of the policy, as 100 to 129. Some minor regulations have also been suggested by Mr. Davies, which it is hardly necessary to enumerate; but he states (and Mr. Morgan corroborates the opinion) that by such measures the stability of the institution may be considered as fully established. Interest on accumulations is calculated at four per cent.

It may be useful to know on what terms an annuity of 40*l.* can be obtained at the different insurance offices in London; for it is often urged, as an objection to such institutions as that now under consideration, that the ordinary insurance of lives supersedes their necessity.

Several offices refuse to insure, on any terms, the lives of officers exposed to the risks of sea, of climate, and of battle. The Crown demanded for an annuity of 40*l.* for the widow of an officer aged 41, and a lady aged 29, 16*l.* 12*s.* annually, besides 22 per cent. extra premium, in consideration of his profession. The Rock demanded for an officer aged 42, and a lady aged 36, an annual premium of 20*l.* 14*s.* for an annuity of 40*l.* The Guardian would charge the sum of 18*l.* 16*s.* 8*d.* for an annuity of 40*l.* to the widow of an officer aged 37, that of his wife being 29. For a similar annuity, on the like contingency, supposing it not to become payable unless the husband shall survive 5 years, the annual payment would be 14*l.* 4*s.* 9*d.* When it is con-

sidered that the same amount is secured in the Army Medical Insurance Fund, on the payment of two guineas per annum while a bachelor, and of seven pounds while a married man, with a fine of twenty-five guineas on marriage, the utility of this institution must become fully manifest. To account for a difference so great as might almost throw doubts on the capability of the society to meet its engagements, it should be remembered that this society is conducted at an expense comparatively insignificant. The annual expenses of management are calculated never to exceed 150*l.* per annum.

The principles on which an institution of this kind is to be governed have been so clearly laid down by Mr. Davies, in the statement which guided the Army Insurance Fund in their late changes, that we foresee no difficulty whatever in effecting a similar establishment for the civil branch of the profession, if such a thing should be considered desirable. It must be borne in mind, however, that a higher rate of annual subscription for married men would become necessary, both on account of the greater uncertainty which must exist in civil life of securing the co-operation of bachelor members, and the greater expenses of management. It is probable that the lowest sum at which it would be prudent to attempt such an establishment for civil practitioners would be 10*l.* per annum. The other regulations of the Army Fund might be adopted without any material alteration.

We should be much gratified if the statement now laid before our readers should be the means of adding to the comfort and respectability of the medical profession. The incalculable benefits which a society similarly circumstanced (under the authority of an act of parliament) has conferred upon the clergy and professors of Scotland, and

the prospects which now open to the medical department of the army, seem to warrant a further extension of the system. We cannot conclude without publicly acknowledging the benefit which the Army Insurance Fund has derived from the labours of Sir Wm. Franklin, whose accurate judgment first detected the errors in the original constitution of the society—whose unceasing care superintended the requisite changes in the regulations—and whose influence has been successfully exerted in reconciling all interests, and carrying the whole into complete effect.

MR. LAWRENCE AND THE COLLEGE OF SURGEONS.

MR. LAWRENCE has been elected a member of the Court of Assistants of the College of Surgeons, in the room of the late Sir Patrick Macgregor. We understand that the nomination was proposed by Mr. Abernethy, and seconded by Sir A. Cooper; and that, of those present, eight voted for Mr. Lawrence's admission and seven against it—giving a majority of one in his favour. At present we forbear to make any remarks upon the subject; indeed we have not yet heard what Mr. Lawrence intends to do on the occasion, and therefore any thing we may have to say would at present be premature.

It is said that one of the members of the Court of Examiners means to resign, in consequence of the election above-mentioned.

EXTRAORDINARY OPERATIONS.

IN one of our early numbers we gave some instances of a growing passion in this country for the performance of "extraordinary operations;" and speaking of our own surgeons as compared to those of the continent, we said, "the latter venture on operations so

daring, that most English surgeons would shrink from performing them." It is not, however, the *boldness* which we condemn, but the desire to operate, or, to express it more courteously, the consenting to operate without taking sufficiently into account the peril to which the patient is exposed, as weighed against the chance of benefit. The good effect of extraordinary boldness, combined with great skill, was strikingly illustrated in the case of extirpation of the uterus, related by Dr. Blundell, in a recent number of the Gazette. On the other hand, the danger of operative skill without sufficient caution, is exemplified in the following extract of a letter from Berlin:—

“ Berlin, August 5.

“ To-day I was present at a Cæsarean operation, in consequence of supposed extra-uterine conception. Dieffenbach was the operator, and several of the first obstetric professors were present, and most of them examined the woman. She appeared healthy, and was 22 years of age. The professors fancied they felt the movements of the child, and the woman herself thought so too. I declared myself, and said so previous to the operation, that I thought the symptoms were not sufficiently clear to warrant such an operation. It was performed with considerable skill, but *no fœtus was to be found—no tumor—no enlargement of any viscus*: and, therefore, they were obliged to close the abdomen, having done nothing! Mr. Carpue is here, and was present, and predicts the recovery of the patient, which I think will be almost miraculous, after an hour's torture upon the operating table, and the terrible inflammation that must ensue.”

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Tumor in the Neck.

A WOMAN, aged 35, residing in the country, had a most enormous tumor attached to the side of the head and neck; and was accidentally seen by Sir A. Cooper, who advised her to come to town, in order to be admitted into Guy's hospital, as he thought that something might be done for her relief. She ac-

cordingly came, and was placed under the care of Mr. Morgan.

The history given by the patient was, that the tumor had existed sixteen years, and had first made its appearance below the lower jaw. Its relative size and form may be learned from the engraving. It extended on the side of the head as high as to the zygomatic arch, pushing up the lower part of the cartilage of the ear. Below, it overlapped considerably the clavicle; but the fingers might be pushed up behind it so as to feel the upper edge of that bone. In front its boundary was the symphysis of the lower jaw; while behind, its surface was on a level with that of the back of the neck. The whole tumor was covered by large, broad, and rounded elevations, little prominent, with corresponding depressions, which gave it an irregular undulated appearance. Its feel was elastic, especially in the most prominent point, but very firm. The colour was little different from that of the skin, except at the most elastic part, which had a faint purplish tinge, with minute red vessels ramifying over it. There was nothing like a varicose vein in any part of the surface of the tumor. With regard to its attachments, it seemed but loosely fixed, except where it was in contact with the lower jaw, to which it appeared to be firmly adherent. It was proved afterwards, however, that this was a deception, as the tumor had not firmer adhesions in that part of its base than in any other.

The patient was of a very quiet, un-irritable habit; although during her stay in the hospital, probably from being visited so often by strangers, and from the anxiety produced by her state, she had occasional attacks of slight fever, which twice caused the operation to be postponed.

Operation.—August 12th. The patient was laid on her back, a little inclining to the left side, the head being slightly raised. Mr. Morgan commenced by making two incisions of the length of the tumor, which embraced a part of the skin covering it, but still leaving enough of skin on each side to cover the wound which would be produced. He then dissected the most anterior of these flaps, as far as the lower jaw. Here an artery was cut through, corresponding in size and situation to the facial. Only a few ounces of blood were lost from it, and it was im-

mediately secured. The posterior flap was then separated, as far as the base of the tumor. Then beginning from below, Mr. Morgan separated the mass from its attachments, principally with the fore-finger, using the knife only to cut through the vessels, or to divide the more firm adhesions. In this stage of the operation seven other arteries, all of which were smaller than that first tied, were divided and secured by ligatures, scarcely a drop of blood being lost from one or two of them, as the operator, or an assistant, first laid hold of them with the finger and thumb, and compressed them firmly, until a ligature had been put round them. Almost all these vessels appeared to arise from branches which were high upon the neck, and superficial. The platysma myoides covered the tumor, and the sterno-mastoid muscle was immediately under it. It was adherent also to the sheath of the carotid, and to the parotid gland. From this account of the anatomical connexions of the mass, it would appear probable that it had first commenced in the enlargement of some of the superficial absorbent glands of the neck; and this supposition agrees with the patient's own account of it—viz. that it began as a small tumor immediately under the lower jaw. The operation being concluded, the flaps of skin were brought over the wound, and fixed in the usual manner.

The quantity of blood lost has been estimated at from eight to twelve ounces. The tumor weighed 6 lbs. 6 oz.

Dissection of the Tumor.—Before making an opening into the tumor, Dr. Hodgkin, who conducts the post mortem examinations at this hospital, remarked that, as far as he could judge from its external character, its dissection would support an opinion which he had formed of the mode in which nearly all the new structures met with in the human body are produced. He thought that, in their earliest stage, they consisted of one or more cysts, lined with a serous secreting membrane; that other smaller cysts being developed upon the inner surface of the larger one, pushed forward the lining membrane, so as to form a covering for themselves, which became reflected in the same way as the tunica reflexa of the uterus. These smaller cysts continued to enlarge until they filled the cavity of the larger one.

What that cavity had been originally filled by, the doctor did not say—probably fluid. If we understood him aright, the smaller cysts contained the solid matter of the new structure, which he appeared to think was much the same in all tumors at their commencement, whether they were scirrhus, sarcomatous, or encephaloid. Now if the new growth were cut through at this stage of its production, provided the section were made parallel to the long diameter of the inner cysts, an appearance would be produced which is exactly that usually ascribed to scirrhus—viz. a solid matter, with firm membranous bands radiating through it from one point; this point being that from which the cysts arise, while the fibrous bands were the cut edges of the cysts. In process of time, as new cysts arose from nearly the same point of the internal surface of the primary sac, the more central, and those first produced, having their necks so tightly girt by the pressure around, were strangulated and died; and then going into a process between suppuration and putrefaction, produced the various kinds of cheesy, cerebriform, and semi-purulent productions. The cysts containing these giving way, their contents were discharged, leaving a deep cavity, while the surrounding entire cysts, continuing to grow, produced the thick, prominent, everted, and fungus-like edges which characterize malignant ulcerations.

Dr. Hodgkin remarked that this opinion was not quite original, but that most of those who had entertained a similar one had spoken of the cysts as hydatids.

He then proceeded to dissect the tumor in such a way as to exhibit this structure, cutting through the external covering, which was a very strong layer of condensed cellular membrane. He attempted to separate from each other the lobules, of which the whole mass appeared to be composed, but which were so firmly adherent to each other that it was impossible to disunite them to any depth, and the attempt was therefore not continued. The doctor then made a section through the centre, when a large quantity of fluid ran out, from a cavity which occupied the internal parts of the tumor. This fluid was of a brownish colour, but transparent. The solid parietes of the cavity were not above two inches in thickness; in

some parts less. Their structure was very similar to that of true scirrhus—viz. a white, solid, elastic matter, with fibrous bands running through it. The walls were thinnest at some of the most projecting points, and it appeared as if here the fluid would soon have made its way to the surface. The patient may, therefore, congratulate herself on the tumor being removed so opportunely.

18th.—Up to the sixth day from the operation there had not been an unfavourable symptom, and when the dressings were changed on that day, the wound appeared to be healed to a very great extent by the first intention.



ST. BARTHOLOMEW'S HOSPITAL.

Case of Compound Fracture of the Clavicle.

JOHN DILLOWAY, a healthy boy, æt. 14, was admitted in Colston's ward on the morning of the 11th July, having a contused and lacerated wound of the right side of the neck, extending downwards towards the sternum.

He stated that he was employed to work at a block machinery, and stooping down towards one of the wheels, which was moving round, it caught his neck-cloth and pulled him down.

The wound was about four inches in extent, commencing just below the angle of the jaw, and terminating a little below the clavicle, near its sternal end. The bone of the clavicle was exposed, and fractured in two places, about opposite to that part where the subclavian vessels pass under the

bone. At the bottom of the wound, which was very much lacerated, there was seen the anterior part of the second rib; it was denuded, but not fractured. The subclavian artery was felt throbbing in this situation, and the vein was lying over it exposed to view. There was a considerable degree of emphysema around the wound, extending over the chest and into the axilla. The boy complained of great pain in these parts, and also of slight pain in his head. On examining his right hand, the top of the middle finger was found to have been jammed off.

The wound was closed, the edges of it being brought together by means of two sutures, and a compress laid over the wound. The right arm was secured by a bandage passed round the chest.

Ordered, Hyd. Sub. gr. iij. Pulv. Jalap, gr. x. statim.

Vespere.—Quiet; pulse 96, full, and resisting. Bowels had not been opened by the medicine. Ordered house physic: an enema, if requisite. The emphysema seemed extending into the axilla. He complained of great pain in the wound, and the whole of the right side of the neck was much swelled.

12.—The bowels were opened last night without the assistance of the enema. Slept nearly all night. There was less pain in the wound, and the swelling of the parts around had considerably gone down. Pulse 80, full, but less resisting. The emphysema which was observed round the wound was to-day diminished, and only felt in the axilla, and in a slight degree.

Ordered to lose ℥xij. ounces of blood, and a poultice to be applied over the dressings.

Vespere.—There was much more pain in the wound, and he complained of pain in his bowels, although he could bear considerable pressure upon the abdomen without inconvenience. The skin was very hot; pulse rather sharp, but compressible. The blood taken from him in the morning was buffed, but not cupped. Tongue moist.

13.—Going on very well; slept nearly all night; no pain in the wound.

14.—The pulse got up in the night, and the house surgeon bled him this morning to 12 ounces. The blood was more buffed than the last, and the coagulum firmer. Has not slept so well in

the night. Pain in the bowels not so great; more pain in the wound; rather feverish.

Ordered, Mist. Salina, c. Liquor. Antim.
Tart. 3j. 6tis horis.

16.—The wound looking very healthy; all the emphysema has disappeared; sleeps well, and his appetite has returned. Pulse 96, not hard.

Ordered, Pul. Jalap, gr. xv. Hyd. Sub.
gr. ij. statim.

25.—Going on well; no bad symptoms; pulse natural; appetite good.

August 6.—Left off the bandage. The arm was stiff, but the bones have united. The wound not quite healed.

PARIS HOSPITALS.

Aneurism of the Posterior Tibial Artery treated by Compression.

A MAN, between 20 and 25 years of age, entered, about a month ago, into the Hôtel Dieu, and was placed under the care of M. Sanson. The night before he had received from a person with whom he had quarrelled, a wound with a knife, running from behind forwards, and from within outwards, on the left ankle. Considerable bleeding took place immediately after the injury. On his admission the ankle was enormously swelled, and had a purple colour from the extravasated blood. The hæmorrhage, however, had been averted by a bandage. Two or three days after, the use of compression on the crural artery, together with bandaging, a rigorous diet, and one bleeding from the arm, had produced little diminution of the tumefaction. The wound had cicatrised, but the finger, applied to the part, was raised very sensibly by the pulsation, particularly in the vicinity of the cicatrix, which, indeed, seemed ready to burst.

The danger which was to be apprehended from the parts giving way, and the little success generally attendant on the treatment of such cases by compression, made M. Dupuytren inclined to advise the application of a ligature to the crural artery; but, at the request of M. Sanson, the operation was deferred for a few days, and a trial given to compression. The patient was watched with attention, and the bandages carefully applied; two bleedings were practised, and a rigid diet enforced. By these means the swelling diminished by de-

grees, and the ecchymosis disappeared. M. Sanson, however, having felt on the 18th of July, (being the six or seventh day of the bandaging, and the twentieth from the receipt of the wound,) a marked pulsation round the cicatrix, thought the operation decidedly indicated, and the patient was brought into the theatre.

Although the bandage, when it pressed upon the peroneal artery, evidently suppressed the pulsations, and led to the belief that this was the vessel which furnished the blood, MM. Dupuytren and Sanson were not the less decided in applying the ligature to the crural artery. The difficulty of finding and tying the peroneal artery were the motives of this determination.

Every thing was ready, and they were about to proceed to the operation, when, on undoing the bandage, and making a careful examination of the limb, they were not a little surprised to find that there were no remains of tumefaction, extravasation, or pulsation; neither was any thing to be felt by the finger, except that, at a little distance from the cicatrix, M. Dupuytren thought there was a slight thrill perceptible. The day before, M. Sanson had felt the pulsations, so that the artery must have become obliterated within the last 24 hours. The patient was replaced in bed, the bandages re-adjusted, and, on the 28th, a fresh examination confirmed the idea of the aneurism being cured. It appears, however, that the patient having begun to walk too soon, the pulsation round the cicatrix had returned, so that the ultimate result of the case is not yet known.

It is stated in the Clinique, that M. Sanson has succeeded in curing several cases of false primitive aneurism, by compression.

Tetanus cured by the external application of Acetate of Morphia.

CASE I.—Maria Ursin, 28 years of age, of a scrofulous habit, was admitted into La Salpêtrière for an ulcer situated on the left external malleolus, and which had laid bare the tendon of the peroneus longus. On the 10th June, 1824, the pupil who dressed the wound pulled the tendon which was bare, and gave rise to severe pains, that lasted ten minutes, and were accompanied by vomiting and general uneasiness. An hour afterwards there was creeping sensation felt along the left leg. The woman fell, and lost her recollection. The jaws were

firmly closed against each other; the muscles of the neck in a state of considerable rigidity; the belly swollen, and hard; the legs convulsively bent, without the power of extending them; the eyes fixed, the cheeks drawn in, and the pulse hard and frequent.

Bleeding to three pallets, and 20 leeches to the anus.

Two hours after, the patient was in the same state. (Warm bath for one hour.) No change occurred. Mercurial frictions on the legs and neck were then employed without benefit, as well as a blister to the neck, and sudorific drinks.

Wishing to try the endermic method of M. Lambert, a quarter of a grain of acetate of morphia was mixed with a very small quantity of cerate, and applied upon the surface of the blistered part at ten o'clock in the morning, the second day of the disease. The trismus gave way entirely, but the rigidity of the neck persisting, the dose of the acetate was doubled at eight o'clock in the evening. Three hours afterwards, the spasms had ceased; the night was calm, and the next day no appearance of the disease, excepting lassitude, remained.

CASE II. *Spontaneous Tetanus.*—Margaret Broin, of a nervous temperament and delicate habit, having been five years at La Salpetriere, in the ward of Incurables, on account of *Dartres*, which occupied the internal parts of the limbs, was walking, on the 23d July, with an epileptic patient, who was seized with a fit, and fell into her arms. Margaret fainted away, and upon return to her ward she was about to relate what had happened to her, but was interrupted in her recital by the occurrence of convulsions. Her face was drawn upwards and backwards, the jaws closed and fixed, the fore-arms powerfully bent, the neck bent backwards, and the whole body was in a state of rigidity. At eleven o'clock a small blister was placed on the neck, which was removed at three o'clock in the afternoon, and the surface was sprinkled with a quarter of a grain of acetate of morphia. At six o'clock the trismus had disappeared, but the other symptoms remained. Another quarter of a grain of the acetate was applied. At ten o'clock the fore-arms could be extended. It was only in the course of the night that the muscles of the neck, face, and eyes, recovered their natural action. At seven o'clock in the morning the disease was

gone, and on the 25th July the patient was able to employ herself in her usual occupations.

[The above, though given in the *Clinique* as a case of spontaneous tetanus, was obviously nothing more than hysteria.]

CASE OF DISTRESS.

WE have pleasure in announcing the amount of subscriptions received for the Distressed Medical Gentleman and Family, alluded to in a former number of our Gazette. Having received the most satisfactory proofs of the applicant being a fit object of sympathy, we again venture to recommend his case to the benevolence of our readers.

Amount already received...£84 13 0

Subscriptions received by Messrs. Longman and Co.; Mr. Warner, Army Laboratory, Great Ryder-Street, St. James's; at the Medical Hall, Piccadilly; Lancet Office, Strand; by Mr. Reed, Mr. Weiss, and Messrs. Stodart, Surgeons' Instrument-Makers; Messrs. Callow and Wilson, Cox and Son, and Mr. Highley, Booksellers.

LITERARY ANNOUNCEMENT.

An Essay on the Operation of Poison upon the Living Body, by Mr. Morgan and Dr. Addison, of Guy's Hospital, will very shortly be published.

BOOKS RECEIVED FOR REVIEW.

Military Medical Reports, containing Pathological and Practical Observations, illustrating the Diseases of Warm Climates. By James M'Cabe, M.D. &c.

Observations on the Cheltenham Waters, and Diseases in which they are recommended. By James M'Cabe, M.D. To which is annexed, an Analysis of the Salts and Waters, by several very eminent Chemists.

A Practical Essay on Stricture of the Rectum, illustrated by Cases, &c. &c. By F. Salmon, one of the Surgeons to the General Dispensary, Aldersgate-Street. The Second Edition. 1828.

Plain Observations on the Management of Children during the First Month. London, 1828.

NOTICES.

The communications of "G."—"Eblanensis"—"G. M."—"Mr. Estlin"—and "H. M. T." have been received.

ERRATUM.

In our last number, page 322, col. 2, line six from the bottom, *dele* "in seasons."

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 39.]

SATURDAY, AUGUST 30, 1828.

[Vol. II.

SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

BY W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

[Continued from page 327.]

HAVING mentioned ventilation as highly beneficial to those who are suffering from an attack of fever, I will advert shortly, before we enter on the consideration of the predisposing causes of fever, to a subject in some measure akin to that of ventilation—I mean fumigation.

Various means have been at different times used with the view of neutralizing the contagious property supposed to be inherent in this disease, and of purifying the apartments of the sick. Amongst these the most common mode of producing the effect in question is by the evaporation of acetic acid—a fluid which is easily volatilized, and in its concentrated form is evaporable even without the application of heat. But as considerable doubts were entertained by the believers in contagion of the efficacy of this agent in producing any specific effect on the contagious atmosphere, it was proposed to use in its stead muriatic acid, evolved from the muriate of soda by the addition of sulphuric acid. This, however, as offensive to the organs of respiration, and highly deleterious, was superseded by the nitrous acid fumigation proposed by Dr. Carmichael Smyth, for which he obtained a parliamentary reward. His directions are, in order to fumigate a cube of ten feet, to pour two drachms of sulphuric acid on four drachms of coarsely

powdered nitrate of potass, in a china cup, which is to be placed in a pipkin of hot sand, and to diffuse the vapour evolved throughout the room.

Before, however, the promulgation of Dr. Smyth's method, Morveau had proposed that oxymuriatic acid (chlorine) should be used as a fumigation. This is produced very readily by pouring six drachms of sulphuric acid on a mixture consisting of four drachms of powdered manganese, an ounce of muriate of soda, and two drachms of water. Here the sulphuric acid decomposes the muriate of soda; the hydrogen of the muriatic acid thus evolved combines with the oxygen of the manganese, and the chlorine is let loose.

This gas also, even when largely diluted with atmospheric air, is offensive to the lungs and injurious to life, and therefore cannot be used unless the sick are previously removed from the chamber to be fumigated.

Such are the principal means used for fumigation; the best of which is undoubtedly that of Dr. C. Smyth. But I think, after all, medical men of the present day are pretty well agreed that fresh air, I mean free *ventilation*, is better than all the methods of *fumigation* which have been suggested.

THE PREDISPOSING CAUSES OF CONTINUED FEVER.

One of the principal predisposing causes of continued fever is undoubtedly general depression of the animal and vital powers. Hence it is that deficiency of nutriment, in seasons of scarcity and distress, has been almost invariably the forerunner or concomitant of the disease of which we are

speaking; and if to the effects of scarcity and starvation be added those of closeness of habitation, uncleanness of person, furniture, and apparel, together with the accumulated filth of lanes and alleys, never visited by the scavenger, the full measure of predispositions will be at hand to assist the exciting cause in producing fevers of the most aggravated severity. It cannot, therefore, be a matter of surprise, in some crowded cities in which poverty and want prevail more extensively and continually among the lower classes of the people than in London, as in Dublin, Cork, and some others of the populous towns in Ireland, that fever should be generally prevalent; and, in seasons of unusual distress, should rage to an extent utterly unknown in this metropolis.

The Fever-house in London was opened in the year 1802, and was deemed necessary on account of the prevalence of an epidemic which followed two years of extraordinary scarcity, 1799 and 1800; which epidemic did not cease until a year or two after the establishment of the House of Recovery; so long was it before the effects of the dearth and scarcity of provisions, as an accessory cause of fever, were exhausted.*

The fever described in Dr. Bateman's little work, occurred in the year 1817, and was, in his opinion, a disease of greater extent and severity than the former epidemic. He observes respecting it, "that it might have been expected, indeed, that the present epidemic would exceed the last in the extent of its course, since it occurred at a period of unparalleled distress among the labouring poor; when the loss of employment occasioned by the termination of the war, and the suspension of the manufactories, concurred with the failing harvest of 1816 to increase the difficulties of procuring subsistence."

But it is not necessary to refer to former years for illustrations of this point, since it is impossible to overlook the consequences of the late distresses† amongst the manufacturing population in multiplying the cases of fever, which the late humid seasons would have, at any rate, to a certain extent, produced.

It is true that the epidemic lately prevalent did not exclusively attack

those who had been suffering from distress and famine, inasmuch as here and there individuals of a higher rank in society, and in better circumstances of life, were assailed by it; although a very large majority of the instances of the disease certainly occurred in the starving population of the manufacturing districts.

The fact, however, that the fever has sometimes prevailed without the obvious interposition of this accessory cause, only proves what it is of importance that we should distinctly recollect, that deficiency of nutriment is not an exciting, but only a predisposing cause of fever.

And I trust I need not now say, that we hold that whilst a predisposing cause is in itself incapable, without the assistance of the exciting cause, of producing any disease, the exciting cause, on the contrary, if of sufficient intensity, can, without any assistance from the ordinary predisponents to the disease, produce it at once in an individual whose susceptibilities have not been previously increased;—that is, that though in this instance we believe that distress and scanty nutriment have rendered many liable to fever who have been exposed only to a diluted or feeble febrific atmosphere, and would have, therefore, under other circumstances, entirely escaped it; yet it is no less certain that the very extraordinary seasons which we have lately witnessed, have in many instances, generated so dense and concentrated a miasma, or exciting cause of fever, as to produce it in those who had no previous disposition to it, and who would, therefore, probably have escaped the disease, had the febrific qualities of the air been of a less intensely deleterious character.

Having now completed the consideration of the causes of this disease, we will proceed to describe its *symptoms* and *pathology*. Before, however, I commence this portion of our subject, I wish to forewarn you that you will recognise in the lineaments of this species of fever many, or rather most, of the features of that disease which was the last subject of our consideration—I mean remittent fever.

In observing, therefore, the difficulty which, after the description of the symptoms, will still be very evident in establishing the diagnosis between these diseases, you may be assured that it de-

* *Vide* Bateman on Typhus.

† This was written three years ago.

pende neither on any defect in your powers of comprehending the distinction, nor (if I may be allowed to say so much of myself) on any failure in my capacity of describing the marks which constitute the difference in question.

For the symptoms of the two diseases are for the most part similar—I was going to say identical. Nor would there have been any great difficulty in describing continued fever as a variety of the remittent species, inasmuch as some instances of the latter do not differ more from others of the same disease than some cases of continued fever differ from certain instances of remittent; and it is a remarkable circumstance also, that the pathology of the two diseases is by no means dissimilar; that the results of those morbid actions which constitute the two affections are very like each other; and that the treatment of one does not differ from the treatment of the other more than we find to be usual amongst the varieties of the same disease.

A distinction, however, between these two diseases, has been generally made by former writers and teachers of medicine. It is founded on the supposed difference between their respective exciting causes; the former disease (remittent fever) being allowed to arise generally from some miasma or atmospheric peculiarity, and the latter being considered by a large majority of the profession to be attributable to a more mysterious source—I mean contagion. Yielding, therefore, to the prevalent custom of distinguishing the two diseases from each other, I will endeavour to describe those cases of continued fever which have the fewest features in common with remittents, and to show how their treatment differs from the treatment just now described as applicable to the latter disease, leaving it at the same time to be understood, that in those instances in which the disease we are now about to describe assumes more directly the remittent character, it must then be treated as if it were actually that species of fever, although it may be supposed to arise from a different exciting cause.

But to proceed to the

PATHOLOGY AND SYMPTOMS OF CONTINUED FEVER.

You recollect that we considered that as in intermittents and remittents the

energies of the constitution appeared every day to overcome more or less the primary effect of the occasional cause, so in continued fevers we suppose that, instead of this *daily* contest, the primary cause of fever contends with the reactive force of the constitution for many days, or even many weeks, without cessation, and that during this lengthened process, severe injuries, and often fatal lesions, take place in several of the most important organs of the body.

We are now then about to enumerate the symptoms which are characteristic of this process, and the particular lesions which are its consequences. In the description of the symptoms, I shall venture, for the sake of attaining as much perspicuity as the subject admits of, to make a division of the whole course of the disease: *first*, into premonitory symptoms, which can perhaps scarcely be considered as parts of the fever itself; *secondly*, I propose to describe that stage of fever in which are included the cold stage and the subsequent stage of heat, and in which we may suppose those accumulations or determinations of blood to take place which lead to structural injuries. The stage in which these injuries occur we propose to make the *last* division of the symptoms.

The symptoms, then, we divide into—premonitory symptoms, symptoms of congestion, and symptoms of organic alteration or effusion.

We suppose that an individual, after a certain period from the time of exposure to the exciting cause, is attacked with the disease. This, which is called the latent period, is of uncertain duration; very different opinions have been given by various writers and teachers on this point, some naming a few hours as its ordinary length, and others extending it to several weeks. It is probable that the most common latent period of this disease, like that of many other febrile affections, is about ten days.

The first symptoms complained of are universal lassitude and inaptitude to exertion, with dull aching of the back and extremities, which is not removed or relieved by any posture or any quantity of repose. There is also generally a dull head-ache, in most instances under the os frontis, but in some few cases in the occiput. This pain of the head is sometimes accompanied also with sensations of giddiness and faintness.

After these symptoms have been observed for a day or two, there may be an interval of comparative vigour. Several times a day there is some little chilliness, followed by slight flushing, and then some clamminess of the surface; but these last for so short a time at first, and are so trifling in themselves, that they often escape remark. The pulse, under these circumstances, is in general weak, small, and sometimes intermitting; but at other times, although it is small, it retains its natural regularity and frequency. The tongue also is not at first morbidly affected, although the patient often complains of want of appetite and nausea. The bowels are nearly in a natural condition hitherto.

This state of things remains during very various periods of time; sometimes it will be followed in a very few hours by the intense disturbance of established fever, at other times it will hang about a person for several weeks before the unequivocal symptoms of the disease (of which we shall speak by and by) become manifest.

I remember, in the instance of a gentleman with whom I am acquainted, hearing that he called one morning on a very eminent physician (now no more), and told him that he felt a degree of physical depression and lassitude which he had never experienced before, and which he was at a loss to account for. He said the physician asked him a number of questions, looked at his tongue, and felt his pulse, and then told him that he was convinced there was very little the matter with him, and that the depression which he felt was evidently nervous. He prescribed some stimulating medicine for him, and sent him away. In the evening of the very same day he was attacked with delirium and fever of great severity, which lasted many weeks, and brought him to the brink of the grave.

I mention this merely to impress on your minds the fact that an appearance of perfect health, as far as obvious functions are concerned, is consistent with the near approach of a dangerous fever; and that, therefore, it is of the greatest importance to be on your guard with respect to the prognosis which you give, however natural may be the pulse and clean the tongue, if the patient describes his weakness as unusual and excessive.

So true is it that weariness unaccounted for by previous exertion is a sure sign of approaching disease: an old remark, which is no less just in our time than it was in the time of its author (Hippocrates), who says in his Aphorisms, that "spontaneous lassitude indicates disease."

I do not recollect how long the gentleman whose case I just now mentioned had suffered from the depression he described; but it is quite certain that this state sometimes lasts for several weeks before the fever is completely established. I have often myself learned from patients labouring under this disease, that they had been *ailing*, as they call it, a month or more before any such symptoms occurred as confined them to their beds or their houses.

Nor is the severity of the subsequent attack regulated always by the length of this period of debility and obscure ailment; although, perhaps, it may be laid down that, for the most part, the more violent fevers are preceded by a shorter term of premonitory disturbance than those of a milder character.

Those which we have just described are what may be called the *premonitory* symptoms of continued fever.

The next occurrence in the disease is distinct coldness and shrinking of the surface, with shiverings and horrors; and what is extraordinary, there is often observed at the same time with this sensation of coldness a very unpleasant degree of thirst, which is daily aggravated with the increased intensity of the disease.

The debility and sense of exhaustion before described as felt even in the premonitory stage, are now augmented to such an extent as to amount to absolute pains of the back, loins, and limbs, which are sometimes mistaken for rheumatism, and which oblige the patient to take to his bed.

The pulse remains exceedingly weak, and sometimes intermitting or unsteady. (By an intermitting pulse, I mean one of which a pulsation is wanting at intervals: by an unsteady pulse, one of which the successive pulsations are of unequal strength.) The respiration also participates in the disturbance of the circulation, and is often irregular and laborious, and apt to be interrupted by sighings and yawnings. The tongue becomes smeared with a white viscid coating upon a pale substratum.

The power of digestion now entirely fails, and the bowels are either obstinately costive or else a diarrhœa occurs, which may be attributed to the unusual state of the intestinal secretions; for now the mucous membrane of the tube itself secretes imperfectly a crude watery mucus, whilst the proper secretions of the liver and other abdominal viscera entirely fail. The bowels, therefore, are irritated into a state of constant purging of watery clay-coloured offensive stools.

The urine is now pale, in consequence of the kidneys being incapable of secreting the proper salts and colouring matter.

This stage of continued fever, which will be immediately recognised as corresponding to the cold portion of a paroxysm of intermittent or remittent fever, is, in continued fever, generally of short duration; for the patient soon finds that the chilliness is interrupted by slight and partial flushings of heat, till at length his whole body becomes warm. The pulse also becomes fuller and freer, and the other symptoms of the hot period of fever, which we will now proceed to describe at length, are developed.

This, then, is the commencement of the re-action of which we have spoken before: but it is important to recollect that it is not generally at once established, for many of the symptoms just mentioned will alternate several times with those of the first or the cold stage before the former take full possession of the patient;—for instance, the face will be flushed for a short time, the action of the heart will be accelerated, and slight confusion or giddiness will occur; and then again the patient will become cool, the pulse will again become small and fluttering, or intermitting, and every symptom of increased action in the head will disappear. This alternation will sometimes occur several times before the hot stage is confirmed.

We will now suppose that the hot stage has completely set in. You recollect that in the cold or commencing portion of the actual fever, we suppose that, in consequence of the general diminution of power in the nervous system, that the arterial system sympathizes with it, and distributes its contents imperfectly to the extreme vessels, and that thus the blood is retained in the larger trunks, and the capillaries are

deprived of their share of the vital fluid. The heart, in this stage of the disease, acts feebly and imperfectly, and neither empties itself completely nor receives with sufficient readiness the reflux blood of the veins; hence there is often found, in the dissection of persons who are destroyed by the early attack of fever, congestion in the sinuses and venous trunks of the head, an accumulation of venous blood in the lungs, and a similar accumulation in all the vessels which supply the vena portarum with blood. But in this, the hot stage of the disease, the state of things is widely different. Here, in consequence of the reaction of the nervous system, as we have before said, and the sympathy with it of the heart and arteries, the blood is distributed vigorously to the extreme capillaries; but unfortunately this distribution, in common with that of the nervous influence, is neither regular nor equable. In fact, congestions of nervous energy, (if I may so speak) and consequent congestions of blood, are the very essence of fever.

Now, in severe fevers the head labours under active symptoms of arterial fulness, evinced by intense pain in the forehead and temples. In the worst cases the delirium is furious, putting on sometimes the aspect of mania; and even in milder fevers the pain in the head and throbbing of the temporal and carotid arteries are often violent, and are generally accompanied by more or less giddiness and confusion of intellect. This affection of the head is almost invariably attended with more or less of what is called jactitation, which means a perpetual restlessness or disposition in the patient to change his posture; and often by wakefulness. Sometimes the patient scarcely sleeps at all; at others he sleeps occasionally, but his sleep is imperfect and totally unrefreshing. The eyes are suffused with blood, and often intolerant of light, and the pupils are either dilated or too much contracted. The heat of the forehead, and indeed of the whole body, is very pungent to the hand when it is placed upon it. In severe cases the external senses are either depraved or in a state of preternatural excitement. It is not often that the cerebral congestion mounts to such a pitch as to produce absolute stupor of the mental faculties, without rupture of a vessel or effusion of serum into the ventricles;

but in plethoric subjects, when the sanguineous accumulation in the head of which we are speaking has been excessive, I have seen absolute stupor produced by it, with some symptoms of apoplexy.

There is another state, also produced by repletion of the cerebral vessels, which is very nearly as alarming as this, and is occasionally observed even in this early period of the disease, before it can be supposed that effusion can have taken place in the brain: I allude to that state in which the patient lies dozing all day, and apparently unconscious of surrounding objects, but can still be roused, and will answer questions, and otherwise do what he is desired, but invariably relapses into his former state of stupor as soon as he is left alone.

You see, then, that in this stage of the disease there may be any degree of cerebral fulness, producing, in slight cases, scarcely perceptible confusion, and in severer ones intense pain and throbbing, with maniacal delirium, or an almost complete apoplectic stupor. These, then, are the symptoms of febrile accumulation of blood in the head during the hot stage of this disease.

[To be continued.]

COMMENTS ON CORPULENCY.

BY WILLIAM WADD, ESQ. F.L.S.

(Concluded from page 332.)

CASE VI.

“AT 30 years of age he weighed twenty-three stone, ate and drank with great freedom, and in great abundance, and was withal so lethargic, that he frequently fell asleep in the act of eating, and this in company.

“He felt much inconvenience and alarm from these symptoms, and went to Edinburgh to consult Dr. Gregory: in pursuance of his advice, he took a great deal of exercise, lived sparingly, and slept little. The quantum of the former depended on the season, and on the power of the patient to bear fatigue. The prescribed diet consisted principally of *brown bread* and tea, the former having a considerable quantity of bran; but as it was necessary to fill the stomach, the patient ate a great quantity of apples; and to enable him to take

the necessary exercise, he found a pint of port or sherry a-day indispensable. He retired to rest about eleven, and rose at four or five in the morning. The only medicine he took was three brisk cathartics a week. The precise time he continued under this rigorous system I have not ascertained; he is now thirty-eight, and has been well some years. He reduced himself to fifteen stone only, being a very large and bony man, and I understand that he now eats and drinks without any restraint; so much so, that it is thought he has of late got rather fatter, and may, without care, be again in the state from which he recovered.”

OBSERVATIONS.—The memoranda of this case were given to me by a sensible friend, who, though an adept in the “*savoir vivre*,” tempers good living with good discretion.

Under the judicious direction of Dr. Gregory, the patient was reduced *eight stone*, which is the most important fact in the narrative. The next is the importance attached to brown bread, or bread having a certain quantity of bran in it,—a very grand secret in the history of *panification*, from its practical application to medical purposes, the whole of the alimentary secretions being altered by a change in the quality of the bread, as I know of my own experience, by occasionally dining with some of the advocates of this *bruno-nian* system.

To observe that just medium, with respect to quantity, which is most conducive to a healthy state of stomach, demands not only attention but resolution. The *how much* must be determined by the individual; those who can abstain at the first sensation of satiety, and can resist the demands of appetite, have made great progress in the art of curing most chronic indispositions, of regaining health, and preserving it.

Unerring Nature learn to follow close,
For *quantum sufficit* is her just dose.

This, though a trite and familiar doctrine, cannot be too strongly or too often inculcated; in fact, “*non satiari cibus*” is a rule of health as old as Hippocrates.

CASE VII.—From a Country Physician.

“ Our fat patient fasts and grumbles, but keeps up his weight in a wonderful degree. ‘*C’est un personnage illustre dans son genre, et qui a*

porté le talent de se bien nourrir, jusqu'où il pouvait aller; il ne semble né que pour la digestion.' I believe he would fatten on sawdust. There is one very important improvement in his symptoms. He can breathe better, and can lie in a recumbent posture, which he has not been able to do for many years. This alone keeps him to his 'régime forte et dure,'—for it is a curious circumstance, that after three months' starvation, as he calls it, he is not above ten pounds lighter in weight, though he is wonderfully lighter in his feelings. Every time I see him I have to contend with some cogent reason, which he urges with considerable humour, to prove that his constitution will suffer, all of which I have hitherto combatted successfully. Yesterday, however, he took a new position:—he had doubts on a moral ground.—'It is a bad example,' said he, 'for

If all the world
Should, in a fit of temperance, feed on pulse,
Drink the clear stream, and nothing wear but
frieze,
Th' All-giver would be unthanked.'"

OBSERVATIONS.—The person alluded to in this letter, as might be supposed, died suddenly. He was a very sensible man, a perfect gentleman, a fine scholar, with a playful wit, that made him a most agreeable companion; and his temper was cast in that happy mould which "looks at every thing on its most favourable side." The doctor thought "he would fatten on sawdust," and truly, like Father Paul, "the little he took prospered with him." He grew fat in spite of starvation, which he enforced with some pertinacity, though he was constantly furnishing ingenious apologies for following the natural bent of his inclinations*. The most distressing symptom he had to contend with, was difficulty of breathing. He constantly complained of oppression about the præcordium, and he had all the symptoms of hydrothorax. But

having seen many cases with similar symptoms, where fat impeded the functions of life, I was always impressed with the notion that it was fat, and not water, that oppressed the heart, and so it proved to be on examination.

I had an opportunity of examining the body, which presented one of the most extraordinary internal accumulations of adeps I ever witnessed. The heart itself was a mass of fat. The omentum was a thick fat apron. The whole of the intestinal canal was imbedded in fat, as if melted tallow had been poured into the cavity of the abdomen; and the diaphragm and the parietes of the abdomen must have been strained to the utmost extent of their bearing to have sustained the extreme and constant pressure of such a weighty mass.

The mechanical obstruction to the functions of an organ essential to life were so great, that the wonder is, not that he should die, but that he should live. In very many cases of sudden death, charged to the account of apoplexy, I am perfectly convinced that the previous symptoms would be found, on inquiry, to be referrible to the heart and circulation, and the head has often been examined for causes which ought to have been sought for in the region of the hypogastrium. A sudden palpitation excited in the heart of a fat man, has often proved as fatal as a bullet through the thorax; and that it was the cause of death here is most probable. There was no organ or viscus diseased, nor can even the immense deposition of fat in this case, as far as simple animal organization is concerned, be considered as disease.

There are many fatal diseases connected with the accumulation of fat about the heart, particularly angina pectoris.

In Dr. Blackall's cases of angina pectoris, we find, Case 3, "the heart large and fat;" Case 4, "a great deal of fat in the anterior mediastinum." The same occurs in Dr. Wall's case and Dr. Fothergill's, in the Medical Observations and Inquiries. Also in a case by Mr. Paytherus.

Dr. Black, in a case of angina pectoris, in vol. vii. of Medico-Chirurgical Transactions, says, "the first striking appearance was the degree to which the cellular membrane was loaded with fat. The heart was loaded with fat." The

* A humorous author has given an account of a person of this kind, a worthy woman, who kept adding growth unto growth, "giving a sum of more to that which had too much," till the result was worthy of a Smithfield premium. This was not the triumph of any systematic diet for the production of fat; on the contrary, she lived abstemiously, diluting her food with pickles, acids, and keeping frequent fasts, in order to reduce her compass; but they were of no avail. Nature had planned an original tendency in her organization that was not to be overcome: she would have fattened on sour krout.

same in the case of Mr. M'Cormick, *ibid.*; and the Doctor notices, p. 82, the relation to obesity.

CASE VIII.

A worthy, fat, hypochondriacal bachelor, sent for me one day to tell me that he was dying; that he had left directions I should open him for the benefit of mankind; and that, if it was important, it might be done immediately after the breath was out of his body, only taking care to pierce him through the heart, to prevent resuscitation. This *scena* was repeated at least once a year for twenty years; at last he died, with as good viscera as any gentleman of seventy-nine years of age was ever blessed with. He was one of those who studied the art of self-tormenting, a comfort which, unfortunately for those about him, he dispensed with a liberal hand. *Pity* seemed the pabulum of his life; and to exact commiseration for imaginary ills,

Which real ills, and they alone could cure,

was the great object of his existence. *He ate well, drank well, slept well:* but what of that? He had "weak stomach and giddy head; flying gout, wind in his veins, and water in his skin, with constant crackings and burnings." His business seemed, seeking for new causes to make himself miserable.—"Your pulse is very good, Sir."—"Ay, so you say; every body says so! that pulse will be the death of me; my pulse deceives everybody, and my complaints are neglected because I happen to have a good pulse!"—"Your tongue, Sir, is clean."—"Ay, there it is again; you should have seen it in the morning—as white as a sheet of paper."

The valetudinary, thus,
Rings o'er and o'er his hourly fuss.

OBSERVATIONS.—It is truly said that "*qui medicè vivit, misere vivit.*" There cannot be a more pitiable person than one who exists per force of physic, flannel, and barley water—drop their wine, weigh their meat, feel their pulse, examine their tongue, and make all their movements and meals by the regulation of the stop-watch. I know persons who, strange to say, are sufferers from the rigid regularity with which they eat, drink, and sleep. This is a city complaint, originally introduced by some of the Hamborough Van-Dams of the last

century, whose movements resembled those of the figures of their own Dutch clocks, equally regular, and about as lively. These demi-Dutch invalids, who make the periods of eating, drinking, and sleeping, the chief *business* of life, may be considered as *eating valetudinarians*, who never fail to put the very important question—"What am I to eat?" This constant query of invalids is very seldom satisfactorily answered. We remember Sir Richard Jebb's sad failure about muffins and boiled turnips. Dr. Reynolds, who was in every respect an able practitioner, was the most ready with his answer to this question. He invariably recollected whether it was muffins, or crumpets, or *boiled* turnips, or *baked* pears, that he had recommended, and he never allowed one or the other of these *materia alimentaria* to be changed *without his positive order*,—and he was right, as will appear by the following anecdote:—

An eminent court-physician visiting a noble lady, the following scene took place: "Pray, doctor, do you think I might now venture on a slice of chicken and a single glass of Madeira, as I feel very faint and low?"—"Most certainly; I perceive nothing in the state of your ladyship's pulse, or the appearance of your tongue, to forbid so reasonable an indulgence." Her ladyship instantly rang the bell, and with more than usual peremptoriness of manner, desired the servant to order the doctor's carriage to the door immediately: then addressed him as follows: "Sir, there is your fee, and, depend upon it, it is the last you shall receive from me. I asked you a question, a serious question, Sir, to me, considering the very abstemious regimen to which I have so long submitted under your direction; and I think it full time to withdraw my confidence from a physician who delivers a professional opinion without any foundation; for you must be perfectly aware, Sir, that you neither felt my pulse nor examined my tongue."

Perhaps the most pertinent answer, after all, was that given by the celebrated Dr. Mandeville to the Earl of Macclesfield. "Doctor, is this wholesome?" "Does your lordship like it?"—"Yes." "Does it agree with your lordship?" "Yes."—"Why, then, it is wholesome." This was also the opinion of Lord Bacon, a tolerably good authority in matters of food as well as philosophy.

"There is a wisdom in this," says he, "beyond the rules of physic; a man's own observation what he finds good of, and what he finds hurt of, is the best physic to preserve health." So true is it that a man, according to the trite maxim, is a fool or a physician at forty.

Mems. relative to Diet.

The celebrated Dr. Franklin lived on bread and water for a fortnight, at the rate of ten pounds of bread per week, and was stout and hearty. But the most frugal system of house-keeping on record was that of Roger Crabb, the Buckinghamshire Hermit, in the 17th century, who allowed himself three farthings a week.

A gentleman who had been a prisoner, and obliged to live on a small quantity of barley, became so accustomed to eat very little, and very often, that he never sat down to regular meals, but carried biscuit and gingerbread nuts in his pocket, of which he ate from time to time.

Mr. —, aged sixty, has for upwards of ten years only made one meal a-day.

Sir John Pringle knew a lady, ninety years of age, who lived on the pure fat of meat.

Mossop, the actor, is said to have been particularly attached to various food, according to the line of character he was to represent. Broth for one; roast pork for tyrants; steaks for *Measure for Measure*; boiled mutton for lovers; pudding for *Tancred*, &c.

Dr. Gower, of Chelmsford, had a patient who lived for ten years on a pint of tea daily, now and then chewing half-a-dozen raisins and almonds, but not swallowing them. Once a month she ate a bit of bread the size of a nutmeg; but frequently abstaining from food for many weeks together.

Dined with Dr. C—— this day (Nov. 6th, 1802); he mentioned a case of a gentleman who had never tasted fish, flesh, or fowl, but whose diet had constantly been bread and milk. He was once, in travelling, being very hungry, tempted to taste a small piece of chicken, but it had such an effect on him as to occasion fainting almost instantaneously.

Mrs. F., of Therfield, in Hertfordshire, now a stout healthy woman, never tasted animal food till she was twenty years of age.

Brassavolus reports of the younger daughter of Frederick, King of Naples,

that she could not eat any kind of flesh, nor so much as taste of it; and as oft as she put any bit of it into her mouth she was seized with a vehement syncope, and falling to the earth, and rolling herself thereupon, would lamentably shriek out. This she would continue to do for the space of half an hour after she was returned to herself.—Turner's *History of Remarkable Providences*, 1697, fol. Part II. c. 2, § 6.

The late Duke of Portland broke a blood vessel in his lungs when twenty-seven years of age. He was attended by Dr. Warren—forty ounces of blood were taken from him in a few hours. He lived on bread and water for six weeks, at the end of which time he was allowed *one boiled smelt*. From this time he lived with the most rigid temperance, and never drank wine or malt liquor. He took a dram of powdered bark every morning in a glass of water, which, with a moderate breakfast, was all he was in the habit of taking till a late dinner in the evening. In the early part of his life he was confined to his room three months at a time, with the gout. In the latter part of his life, though occasionally affected by it, it was never violent. His father was gouty, his mother not; his grandmother died of gout a little above forty years of age, 1803.

The Monks of Monte Santo (Mount Athos) never taste animal food; they live on vegetables, olives, and cheese. In 1806 one of their fraternity was in good health at the great age of one hundred and twenty years.

HENRY WELBY died 1636.

Flesh he abhorred, and wine; he drank small-beer—
Cow's milk and water-gruel were his cheer.

OFFLEY.

Offley, three dishes had of daily roast,
An egg, an apple, and (the third) a toast.

Hasselquist, in his travels in the Levant, relates the following singular fact:—"Above a thousand Abyssinians, who were destitute of provisions on a journey to Cairo, lived for two months on gum arabic, and arrived at Cairo without any unusual sickness or mortality."

In Queen Elizabeth's time the breakfast for "my lorde and my lady" consisted of "half a chyne of mutton, or ells a chyne of beef boiled;" and the

children had "a chikyng, or ells three mutton bonys boiled, with certain quarts of beer and wine."

Mems. relative to Digestion.

Francis Bathalia, the stone-eater, *it is said*, converted his flinty food into sand in seven days.

Mr. — cannot digest an apple: it immediately causes pain in the stomach, like a stone, or any other hard body. He can, however, eat any quantity of toasted cheese.

Mr. — cannot masticate rice: this simplest of all food he never eats, and this is the reason he assigns for it.

Sir James Earle and Dr. Robert Hallifax attended a child six years old, on whom scarlet strawberries constantly produced irritation in the urinary organs.

The small black currant from Zante is rarely or ever digested by children, though they are constantly in their puddings and pies.

Mrs. B. cannot take milk without being instantly affected by it. Disguised in any manner, it never fails to manifest its effects.

Donatus knew a young gentleman who could not eat an egg without its causing his lips to swell, and bringing purple spots out on his face.

Idiosyncrasy.

Some men there are, love not a gaping pig;
Some, that are mad, if they behold a cat.

So says Shakspeare; and it appears that the enemies of our nature work upon us, whether we are aware of them or not. In vain we demand a reason of ourselves for what we do or do not love.

That curious, sympathetic, wonder-working person, Sir Kenelm Digby, is, perhaps, the greatest detailer of singular fancies relating to antipathies and sympathies. He narrates the dire effects of flowers upon certain people, even to fainting and dying. So obnoxious was a rose to the Lady Heneage, that she had her cheek blistered, says Sir Kenelm, by laying a rose upon it while she was asleep. It is even stated that Cardinal Caraffa and a noble Venetian, one of the Barbarage, were confined to their palaces during the rose season, for fear of their lives!

Johannes e Querceto, a Parisian, and secretary to Francis the First, king of France, was forced to stop his nostrils with bread when there were any apples

at table; and so offensive was the smell of them to him, that if an apple had been held near his nose, he would fall a-bleeding. Such a peculiar and innate hatred to apples had the noble family of Fystates, in Aquitaine.—*Schenck. Obs. Med.* l. vii. 890.

I saw a noble Countess, saith Horstius, who (at the table of a Count) tasted of some udder of beef, had her lips suddenly swelled thereby, who, observing that I took notice of it, told me that she had no dislike to that kind of dish, but as oft as she did eat of it she was troubled in this manner, the cause of which she was utterly ignorant of.

Bruverinus knew a girl sixteen years of age, who, up to that time, had lived entirely on milk, and could not bear the smell of bread, the smallest particle of which she would discover by the smell.

An antipathy to pork is very common. Shenckius tells us of one who would immediately swoon as often as a pig was set before him, even though it be enclosed in paste: he falls down as one that is dead, nor doth he return to himself till the pig is taken from the table.

Marshal Albret fainted away whenever he saw the head of a boar. Hereupon Bussi forms a sort of ludicrous case of conscience, whether a man who was to fight against the Marshal, should, in honour, be allowed to carry with him in his left hand the head of a boar. I have seen, says Montaigne, some run away at the smell of apples, as if a musket were presented at them; others frightened out of their wits at a mouse, and others not able to abide the sight of cream, or the stirring of a feather-bed, without something very unseemly happening to them*.

Quarterly Journal of Science,
July 1828.

CASE OF ENLARGED BLADDER.

By J. B. ESTLIN, F.L.S.

To the Editor of the London Medical Gazette.

SIR,

As the following case of enlarged bladder may prove interesting to some of my professional brethren, I have much

* We have taken the liberty of condensing this paper a little.

pleasure in giving it publicity through the medium of the Medical Gazette.

A gentleman, 54 years of age of age, consulted me in October 1827, in consequence of constant nausea and loss of appetite and strength. His tongue was foul and his bowels confined. The pulse indicated no morbid symptom. I ordered him some cathartics with calomel, and when he visited me two days afterwards he was somewhat better. I then prescribed for him an emetic and a bitter aperient infusion.

October 8.—Not much better. He informed me that for many months he has had some difficulty in passing his water; that a considerable quantity comes away in the day and night, but in small portions at a time, and often involuntarily and without any force. He assured me (and I place full reliance on the declaration) that he had never laboured under gonorrhœa or any other form of venereal complaint.

Repeat the Cathartics.

15th.—No better. Being anxious to ascertain the state of the urethra, I introduced a middle-sized bougie, which met with a degree of obstruction at six inches from the orifice that moderate pressure could not overcome; and as much pain was occasioned by the attempt, I desisted from it for the present.

18th.—I introduced a silver catheter, and found it pass into the bladder without any obstruction. A pint of urine was drawn off—a quantity much exceeding what he has passed at one time for many months.

19th.—He suffered much pain after the introduction of the catheter, and experienced not the least relief from the quantity of water removed from the bladder.

It was my intention to have passed the catheter again to-day, principally with the view of ascertaining if there were any calculus in the bladder impeding the passage of the urine into the urethra, but the canal remained in a very uneasy state from the employment of the instrument yesterday; and as he was under the necessity of going a journey on business in a day or two, I thought it better to delay the attempt.

30th.—He returned from his journey last night in all respects worse. He has constant nausea, and he frequently passes urine involuntarily.

Cap. Pulv. Ipec. Comp. gr. xii. h. s.

31st.—Slept. Vomiting came on this morning and continued through the day. Bowels confined. Calomel, with other aperients, was prescribed.

Nov. 1st.—Vomiting very frequent. Bowels do not act. Calomel and opium given.

2d.—Vomiting incessant: the quantity brought up from the stomach is far more abundant than the fluid he swallows: the rejected matter is of dark colour and coffee-ground appearance. He has some slight alvine evacuations of similar fluid. A few ounces of blood were drawn from the arm: it was buffy. No relief experienced from the bleeding.

3d.—He becomes worse: the vomiting is unabated, and the ejecta are darker. The urine flows involuntarily, from two to three pints apparently in the 24 hours.

From the commencement of the vomiting he has had no power of taking food. Various liquids have been tried: soda water remains longest on the stomach.

Yesterday or to-day he directed my attention to a swelling in the abdomen, which had escaped my notice when I felt the epigastric region, and when I daily pressed the bowels to ascertain if any tenderness existed. I examined the tumor, and found it to be of an oblong form, situated in the right hypochondrium, about the outer edge of the rectus muscle, extending nearly from the eleventh rib to the right side of the symphysis pubis, and being particularly prominent about the situation of the inner abdominal ring. It somewhat distended the integuments so as to be perceptible to the eye, and might be considered to be about three inches in width.

His account of this swelling was imperfect, but he believes that he first discovered it last week, while he was absent on his journey. I was unable to satisfy myself as to its nature. It did not answer to the description of any kind of hernia. It was not elastic, nor could any fluctuation be discovered: it seemed to possess considerable solidity. No inflammation existed, as pressure did not detect any tenderness, nor was there any unusual tension over the rest of the abdomen. Turpentine injections were administered, and cathartics and opium taken by the mouth. The stomach rejects every thing, and the bowels are but slightly evacuated.

4th.—Worse in all respects; pulse 100; countenance bad; was bled again. Injections continued; no fecal evacuations; urine flows plentifully, but generally involuntarily.

5th.—Vomiting incessant. His strength appears to be rapidly giving way. No sustenance can be retained. Tongue brown. Pulse small. The tumor is larger, or the parietes of the abdomen, by sinking in, in consequence of his great emaciation, make it more apparent.

6th.—I was desirous of having another opinion on the case, and he was visited by my friend Mr. J. C. Swayne, surgeon of this city. Upon an attentive examination, as far as we could come to any conclusion, the tumor appeared to be a mass of internal disease, agglutinating the contiguous parts, pressing upon the bladder, and impeding the action of the intestines. By both of us the patient's speedy dissolution was expected. To his friends and himself the same event appeared so certain that he made a final settlement of his affairs with considerable effort. For the last two or three days he has spoken as if he anticipated a fatal termination. Small but frequent doses of cathartic extract, with opium and purgative injections, were ordered.

7th.—He becomes still worse; some delirium; urine continues to be evacuated, and there is no swelling immediately above the pubes. With the view, however, of exactly ascertaining the state of the bladder, and of assisting, by drawing off the water that might be there, the action of the bowels, we resolved upon introducing the catheter. So near did his death at this time appear to his friends that they earnestly entreated he should be subjected to no further inconvenience, but allowed to have an undisturbed release. These objections were of course overruled, and I introduced the catheter. It passed without any difficulty, and a forcible flow of urine through it occurred. The tumor immediately began to subside, and by the time about three pints of water had been drawn off it entirely disappeared.

The general nature of the disease was now apparent. It could not be doubted that the tumor was a preternatural enlargement of the bladder, and it seemed most probable that the elongated part was the internal coat protruded through

the muscular coat; in consequence of which, the natural efforts of the bladder to expel its contents forced them into this cavity, instead of overcoming the cause of resistance at the neck of the bladder. To what extent any morbid impediment existed at the neck of the bladder it was not easy to determine. The catheter passed without obstruction, and examination per anum detected no disease of the prostate gland.

In a few hours, when the tumor began to form afresh, the urine was again drawn off; the vomiting lessened, and the pulse in the course of the day became firmer.

8th.—Vomiting less frequent; urine drawn off night and morning; the vesical tumor is formed some hours before the introduction of the catheter; some feculent evacuation followed the enema.

9th.—Vomiting nearly ceased; feculent discharges after the enemas; no power of voiding the urine, but it flows involuntarily upon the re-appearance of the swelling. He takes nourishment.

13th.—No vomiting; good alvine evacuations from the injections. He was taught to introduce the catheter himself, and directed to empty the bladder every five or six hours, so as to prevent the formation of the tumor.

20th.—Continues to improve. There is no involuntary discharge of urine, nor can he void any excepting by the assistance of the catheter. Mild alvetic pills act favourably upon the bowels.

His convalescence was slow but regular, and he is now (August 1828) returned to his usual state of health, excepting that he feels less strong than he was before his illness. He never allows the bladder to become so full as for any involuntary discharge to take place, or for the tumor to become perceptible. No voluntary power over the bladder has returned. Pain along the urethra is the indication of the necessity to introduce the catheter, and this generally occurs every five or six hours. He is able to walk about and use his accustomed exercise.

It is probable that some of your readers may feel surprise that the nature of this gentleman's complaint was not sooner detected. Without any attempt to dispute their penetration, or to justify my own want of it, I give the case just as it occurred in practice, with the hope that it may prove useful to others. Late as the knowledge of the disease

was obtained, it was a source of great satisfaction to me that it was procured in time to relieve the patient, instead of being discovered by a post mortem examination—a period to which alone at one time I looked for an explanation of the symptoms.

When the nature of an obscure disease has been unravelled, there is often but little difficulty in deciding upon the course that should have been pursued: but they who have been longest accustomed to medical practice can best estimate the difficulties with which the path of the practitioner is beset in cases of an ambiguous kind, where a valuable life is at stake, and where the hopes and fears and interests of anxious relations are contributing to perplex his mind and to increase his diffidence of his own judgment.—I am,

JOHN BISHOP ESTLIN,

Member of the Royal College of Surgeons,
London, and of the Royal Medical
Society, Edinburgh.

Bristol, August 16th, 1828.

OCULAR ADJUSTMENT.

To the Editors of the London Medical Gazette.

SIRS,

MR. WILLIAMS has taken up the subject of “ocular adjustment,” in the No. 242 of the *Lancet*, and denied, through a series of Essays, that such a power exists in the eye, or that it is necessary. His reasoning, though I think it without precision, should certainly not be allowed to pass unnoticed.

Mr. W. has made an experiment by using a concave and convex lens, each of which modifies the rays of light passing to his eye. This effect he considers an imperfection of vision, and asks—“If the eye can conform to a focus which is supposed to be varied by distance, why not contract the effect of the slightest refractor?” Now I ask first, what influence has the eye upon any external medium? for its office is to *receive* the object or rays so modified, and, according to the angle at which they impinge, to provide a relative spot on the retina, that their focus may reach it; and secondly, why is a common lens called “the slightest refractor?” every one knows its power.

This is the experiment which Mr. W. has triumphantly asserted will “satisfactorily shew that no such effect (adjustment) is ever produced.” But, Sirs, listen to my experiment. Let an object be presented to an healthy eye, at a proper distance for distinct perception, and gradually approximated, the result will be that, as gradually, there is an increasing difficulty of perceiving it; but still approximated, the object becomes obscure, and the eye tired—of what? of endeavouring to accommodate itself to the altered position of the object. This may be tried with one eye, when there can be no deception from the adjustment of the *axis* of the eye: the sight is gradually bewildered, and the eye shews proportionate effort to regain its clearness, or, in other words, to adjust the retina to the altered position of the focus. This experiment cannot fail to persuade that the eye did not remain in a quiescent state, through the variations of distance at which objects presented themselves. That it *may*, I will readily grant; but that the eye has the power of altering itself to the focus must as readily be granted to me, if vision is more perfect when the endeavour is made than it is without it. The power of adjustment is limited; but because it is wanting after a certain point, it cannot on that account be denied altogether.

Again, let a good eye, unaccustomed to a concave lens, be made to view objects through it until vision is perfectly clear, and then withdraw it. Some time will be found to elapse before the eye will regain its usual power of discerning objects, having adjusted itself to another focus, and being obliged to alter in the same ratio with the varied incidence of rays passing to the eye.

What farther remains? Here are experiments to secure our original position, which might have an endless addition, and an ample refutation of those objections urged against it. It cannot be necessary to enter into an explanation of our theory, although Mr. W. has assailed us by a false interpretation of optical principles. Indeed I know not how to accommodate my reasoning to his; for he has attempted to argue (in No. 250) on a mathematical diagram, in which I can neither find his position, argument, or inference. This part of the story must be made more clear to us, and we solicit a farther explanation.

Mr. W. speaks freely of a "*focus*," "*rays of light*," &c. and professes to be familiar with optical principles. He doubtless will grant that a *focus* is properly defined, in reference to optics, as that point at which rays meet after passing through a transparent medium. He must grant, too, that the direction of those rays is materially influenced by the angle at which they impinge upon the medium. What abstruse calculation is required afterwards, to prove that the focus is not always the same?—or what mathematical diagram will be necessary to convince the world that the situation of the retina, the perceiving point, must be proportionately varied also? Yet these are optical principles, and contrary to the reasoning of Mr. Thomas Williams. His denial of ocular adjustment is but a tantamount denial of the principles just advanced.

Surely nothing can be built upon the fact that "the anatomist has dissected, and the physiologist reasoned in vain," to find "by what muscular power the organ of vision is adjusted."

Now, Sirs, I provoke Mr. W. to a farther explanation, because I firmly believe that there is yet something lurking within which must have prompted his industry to continue his investigations, since he has so repeatedly, and at such a distance of time, spoken to the same effect. I am, like him, an abominator of that plan which gives us a gospel faith in authorities, inasmuch as it gives plausibility to error, and bewilders the perception of him who imbibes it. Every man should study for himself—believe when he is convinced—but never be led away by one side of the question before every other is fairly exposed, and a proper selection made.

Should the above observations be in the course of your customary plan, their insertion will oblige

G. W.

VALUE OF BOTANY.—REPLY, &c.

To the Editor of the London Medical Gazette.

SIR,

WHETHER the common remark be true—that the reputation of a good botanist may consist with a very moderate portion of intellect—I will not now stay to inquire; but I believe it will readily be

admitted that the letter upon which I am about to offer a few observations is a tolerably good practical illustration of its truth and justice. The gentleman who subscribes himself "*A Botanist*," in your last Gazette (36), evidently wishes to say something by way of answer to certain remarks of mine which appeared in a former Number. But what that something is, is by no means so evident. Taken in the most favourable point of view, his letter would appear to be a modest protest or remonstrance against what I had advanced: a defence of botany the writer surely cannot attempt to call it, as he has not said a single word in disproof of my assertions.

It is not quite clear that the gentleman well understood the subject upon which he undertook to write. In his first paragraph he affirms that my notice of Professor Allman was "actually an attack on botany and its professors generally;" but soon afterwards, having favoured us with some lines of distinction relative to diagnosis and phytophraphy, and a quotation or two from some favourite anonymous author, he proves to a demonstration that diagnosis is not botany, and that therefore my "*damnatory conclusions*" do not apply to botany "*properly so called!*" Admirable logician!

Our botanist then proceeds to repeat my expression (*nec meus hic sermo*—it is unfortunately not mine: I have it from the lips of a botanical professor of high repute, who made no scruple of delivering it before a public audience), "that the chief business of botany consists in the naming of its tools;" and he adds authoritatively that this is *not* the case—"the naming of its tools is *not* the chief business of botany." My lord Peter, I am quite satisfied: *you* have said it; *therefore it is not*. Permit me, however, for a moment to suggest that more than nine-tenths of all the systematic botanical works that ever fell in my way were totally occupied with definitions, divisions, descriptions, classifications, and systematic arrangements. I speak of the Grammars, Introductions, Elements, Compendiums, Synopses, Floras, &c.; not forgetting the never-ending, obtrusive, and nauseating botanical articles which take up so large a share of that large work, the Cyclopædia of Rees. But the "*Botanist*" affirms that "*it is not the case;*"

therefore it is not. Nothing can be more satisfactory.

In the course of my acquaintance, Mr. Editor, with dialectics, I remember to have sometimes heard of a sophistical form of argument, called begging the question. Upon pursuing our botanist's train of reasoning, it struck me that he had a mind to play a little upon our discursive faculties, as well as upon our feelings; and that as a very sturdy and teasing beggar. It is you, Mr. Editor, whom he particularly addresses: "is it possible that *such a science* contracts the intellectual as well as the moral qualities? Had it such an effect upon the Rays, the Grews, the Sloanes, Bankeses, and the other great proficient in *the science*? Is this science to be deemed only worthy of a certain degree of consideration? Is it indeed so humble? Will it, or ought it, really to be lopped off as a useless branch of medical education?" And then he grows pathetic, and most piteously begs to know—"is botany, in truth, worse than useless to the practising physician?"—"Hard words, Mr. Editor," he continues to cry, until positively, for pity's sake, I would not care much, Mr. Editor, if you would take the poor fellow by the hand, and give him a little consolation.

After so touching an appeal to the passions, I must confess, Sir, it is with great diffidence that I offer one or two remarks more before I have done. The ingenious gentleman regrets that the limits of the Gazette preclude him from giving a detailed account of the extent and the advantages of botany. Very luckily they do: they thus spare the writer a supererogatory task, and they spare me the trouble of swallowing a dose of *crambe decies repetita*. There is no need of a panegyric or exposition of the objects, uses, or abuses of botany; I made a few plain remarks on *the science*, collaterally with one of its most distinguished professors; a gentleman steps forward as a champion, and takes up the gauntlet; but instead of rebutting my "attack," (as he is pleased to call it), he appeals to the bystanders whether I had not uttered "hard words,"—whether I had not said things calculated to give mortal offence to all true and trusty botanists. Then he goes on to pule about "raising the hoof against the dead lion." I wonder he did not quote the sage maxim,

"de mortuis nil nisi bonum;" it were just as good, and just as conducive to the advancement of historical literature. I suppose we are henceforward to say not a word of the overweening and disgusting vanity of Buffon; and no doubt we should bury in oblivion what the late Sir J. E. Smith has left upon record relative to the "dead lion," Linnæus, when he censures that lion's "unbecoming and *highly ridiculous* conduct in speaking of himself as he did; even though his assertions were (of course they were) true and indisputable." Nor are we to speak a disrespectful word of the *amiable* Rousseau (aye, the botanist), whom Dr. Johnson pronounced (no doubt "raising the hoof" too) to be one of the worst of men—whom three or four nations had expelled—and whom, to have protected, was the disgrace of England." Enough on this sore topic.

Botany I admit to be an amusing, and perhaps a *harmless* pursuit,—(though what I stated about the *significancy* of the terms still remains a stumbling-block to me, notwithstanding what the Botanist says in explanation, relating to "hemlock and the rose growing on the same spot,"—I confess this goes beyond my comprehension)—and I would advise those who have a taste for it, to gratify their bent; but what I deprecate is, the making *botany* part of the serious occupation of medical aspirants—a *sine qua non* to their degrees. This is surely to indulge a little too much in a good thing.

I know, Mr. Editor, that, tried by a jury of good and loyal botanists, a court composed of the members of gooseberry-clubs and tulip-fanciers, I should stand convicted of heresy and high treason. But conscious of the truth and importance of my assertions, and well aware that there are numbers of the best-informed physicians of the same persuasion as myself, I have not shrunk from giving publicity to my sentiments; at the same time, that had your correspondent, "the Botanist," proposed any thing in the way of my correction, or improvement, instead of a tirade "full of sound and fury, and signifying nothing," nobody would have felt more grateful to him than,

Sir,

Your most obedient servant,

EBLANENSIS.

August 12th, 1828.

RUPTURE OF THE UTERUS AT THE TIME OF QUICKENING.

To the Editor of the London Medical Gazette.

SIR,

THE following case has lately come under my observation, and having possession of the specimen, I shall be happy to show it to any gentleman curious in diseases of the uterus.

I am, Sir,

Your obedient servant,

J. O. ELSE.

Edward's Street, Portman-Square.

Rupture of the Uterus at the time of Quickening.

Mrs. —, æt. 20, lost her life under the following circumstances:—She had been married about fifteen months, and, until the time of her conception, had enjoyed tolerable health; but since that period had suffered considerably from deep-seated pain in the back and uterine region, together with other symptoms threatening abortion.

Before her marriage, and up to the time of conception, she had experienced an unusual degree of pain at each menstrual period; and the catamenial discharge was exceedingly scanty. Her death appeared in some measure accelerated by an excursion to Greenwich, in company with her husband, as shortly after her arrival there she was attacked with vomiting and syncope, and in less than an hour she ceased to exist.

Upon examination it was discovered that a rent of about five inches in length had taken place in the uterus, extending itself from the cervix upwards at its anterior part, and rupturing a portion of the placenta. The fœtus lay in front of the uterus, enveloped by its internal membrane, and surrounded by coagulated blood, a quantity of which was also found between the intestines and in the cavity of the pelvis. The uterus itself was covered with dark-coloured spots, and easily lacerable; the ovaries were also in a state of disease—the one containing hydatids, the other with the same dark-coloured spots as the uterus. The fœtus appeared healthy, and is supposed by its movements to have caused the rupture of the uterus.

CAMBRIDGE DEGREES.

To the Editor of the London Medical Gazette.

SIR,

As you have inserted in a recent number of the Gazette an account of the examination at Cambridge for the first degree in medicine, and appended thereto an editorial inquiry, whether I will take upon myself to say that the questions must be answered in order to obtain such degree? I beg to say in reply, that it is not in general supposed or required that *every question* put in the course of an examination be answered; but that here, as in other cases, the nature of the examination shews the standard of qualification which the candidate is expected to possess, and that unless the answers to the questions were such as evinced a competent knowledge, the degree would undoubtedly be refused.

Your obedient servant,

VERAX.

August 18th, 1828.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity. By G. M. BURROWS, M.D. Member of the Royal College of Physicians of London, &c. &c.

(Continued from page 372.)

COMMENTARY V.

On the Vascular and Nervous Systems.—Perfect health depends upon the existence of a due balance between the nervous and vascular symptoms; but in every case of mental derangement these seem to be in opposition. Neither of these systems can receive an insulated impression, for both participate in whichever it may have originated. A moral impression is first carried to the brain, but this produces a sympathetic affection of the sanguineous system; even simple thought exercises a powerful influence on the circulation. Great calculators will pass days and nights

without sleep, and this depends upon an increased action of the vessels of the brain. Such a state, if allowed to continue, may produce delirium; but these pursuits being dependent upon volition, can be suspended.

Numerous illustrations are given, and various authorities quoted, to shew the connexion between the nervous and vascular systems, and particularly that the latter is in a state of excitement in mania; but we do not consider it necessary to enter upon this part of the subject.

COMMENTARY VI.

Disorders of the Circulation.—There are two states of the circulation, which, though directly opposite to each other, have an immediate influence on the intellectual functions; first, when the blood in quantity, or momentum, is excessive; second, when in either of these respects it is defective.

1st.—Our author objects, with justice, to the synonymous use of the expressions plethora and sanguineous determination, either of which may exist without the other. When blood is sent to a part with increased velocity, being, however, returned by the veins in a corresponding manner, it constitutes simple determination. Again, it may be sent with the natural degree of velocity, or the velocity may be above or below the natural standard; and if from any obstructing cause it be not returned by the veins in a corresponding manner, accumulation takes place; this constitutes plethora, or congestion; the former term, however, is the one adopted by Dr. Burrows.

Increased determination is a frequent cause of insanity; not so plethora, which is more apt to produce apoplexy, and similar affections.

No symptom is more frequent in attacks of insanity, in all its different forms, than preternatural heat of the scalp; while the temperature of the rest of the body is generally below its natural standard. It has been argued, particularly by Crichton, that mere determination to the head is not the cause of delirium; because in various states, as during active exercise, the pulse is frequent, and the face flushed, yet no delirium takes place; while on the other hand, the delirium, often in madness, and occasionally in fever, begins when the pulse is very little quickened, or even when it is not so at all. Dr.

Burrows, however, argues, that “although delirium or insanity may not always be referred to fulness of blood in the brain, or to increased impetus in the heart’s motion, yet it does not thence follow that there is no increased momentum in the circulation of the brain, for in local inflammations there is often indubitable increased local vascular action, without any or little disturbance of the general circulation. Why, therefore, should not an increased local action be maintained in the brain as well as in other parts, without a quick pulse, or the ordinary marks of determination to the head? In fact, nothing is more common in mental derangements than to find extraordinary heat of the scalp, throbbing arteries, and suffused eyes, and the pulse quite calm; and dissection repeatedly proves that such increased action in the brain had been going on when no symptom, while the patient lived, indicated it.”

It is no doubt true, as stated by our author, that local derangements take place in the circulation without developing any corresponding condition of the general system. This implies that such condition has originated not from the impetus of the heart, or from participating in any general effect; but it does not imply that the increased local action is the first link in the chain of causation. There may be, and probably is, in madness, some condition of the brain anterior to and productive of increased vascular action; as, to give an illustration of a different nature—desire produces increased local determination, and though the state of parts which results may re-act upon, and increase desire, still this last must be looked upon as having preceded the other. Our author next alludes to experiments on transfusion, particularly those of Dionis*; and in a note we have a curious case from the second volume of the Philosophical Transactions, in which transfusion was attended with complete success in curing a case of mania. The object in referring to these cases here appears to be for the purpose of supporting the position that mere mechanical (if we may so call them) changes in the state of the circulation are capable of producing mania; for in the case alluded to, the result “raises

* Cours d’Oper. de Chirurgie.

the presumption that some error in the circulating medium was in this instance the proximate cause of the insanity." Granting, however, that there is a "presumption" in this particular case, we submit that the sudden introduction of nine or ten ounces of blood, and the blood too of another animal (a calf) may fairly be supposed to exercise a greater influence on the system than merely correcting "some error in the circulating medium;" and at all events such changes in the circulation cannot be considered analogous to those irregularities in the distribution of the blood already in the body, the actual quantity and quality of which remain comparatively stationary.

It is a well known fact in pathology that one disease will sometimes suspend another, and that the one which is so suspended will again, in some instances, resume its course after the interruption is removed. These phenomena are frequently observed in cases of insanity.

"The effect of a new morbid action in superseding another already existing, is in no instance more forcibly exemplified than when fever, spontaneous or artificial, supervenes on insanity. Nor, perhaps, can stronger proof be adduced of the effect of the circulation on the intellectual faculties.

"Fever is a very common termination of a maniacal attack; and it will have this effect in cases where the condition of the circulation materially differs. In some insane persons the impetus of blood to the brain appears to be constant; in some, it is occasional only; in others, it is deficient, and the brain receives too little blood.

If an access of pyrexia do not effect a permanent cure, yet sometimes, so long as this new action continues, the understanding has been perfect, or much improved.

The essence of fever is probably increased action in the vascular system, however that may have originated. When, therefore, an attack of fever removes insanity in any of the three conditions of the circulation referred to, we may infer that in the first it relieves, by the new morbid action being more powerful than the existing one, and thereby superseding it; in the second, by equalising the deranged balance of the circulation; in the third, by imparting such a degree of momentum to the arterial impulse that sufficient blood is

carried to the brain to restore its deteriorated energies.

"The most powerful remedies prescribed for the cure of insanity act by inducing artificial fever, *i. e.* by creating such an excitement in the system as increases the impetus of the circulation: of these, exercise, the bath, mercury, antimony, and tonics, are examples.

"The first effect of accelerated circulation is to increase the activity of the brain. This is often remarked on the accession of simple fever, as well as of incipient inflammation of certain parts of the encephalon. As sensation is more acute, the imagination becomes more vivid, and deprivation of sleep follows; and if the patient sinks into a momentary slumber, frightful images present themselves, and exhibit all the phenomena of delirium.

"An attack of typhus has, while it continued, restored reason, and even recollection, in cases of long-continued insanity; though, upon the subsidence of the fever, insanity has again recurred.

"Mr. Tuke mentions a case of a woman who had been fatuous for years, and who, being attacked with typhus fever, recovered a perfect recollection of persons and events; and who, upon the subsidence of the fever, was precisely in her former state of mental alienation*. Other authors refer to similar effects, though their histories of the cases of insanity are rarely sufficiently exact.

"Recovery of reason from the intervention of fever is so common, that I shall quote only one instance in my own practice.

"A gentleman, aged forty-five, in a state of melancholia, with a strong propensity to suicide, was walking with his keeper on Battersea Bridge. By a sudden effort he broke away, and jumped over into the Thames. It was on a Sunday, and as many boats were passing on the river, assistance was immediately given; but he resisted so much, that it was only by main force he was taken out of the water and conveyed to his residence.

"Having some distance to go in his wet clothes, he caught a violent cold, followed by rigors and a smart fever. For this I prescribed suitable remedies; but I took no notice, nor made

* Description of York Retreat, p. 137, in notâ.

any inquiry of him respecting his late rash attempt to destroy himself. During the fever he was quite docile and collected. When it had subsided, I reasoned with him on the subject. He confessed himself horror-struck on the reflection of the act he had committed, and entreated I never would again mention it. In fact his mind was entirely free from all delusion; and in a fortnight he returned home cured, and has remained well ten years.

“Persons of weak intellects, and even in a state of dementia, when that condition was not connate, or from mechanical injury, have, from an attack of fever, been known not only to be restored to reason, but to have acquired a degree of shrewdness exceeding their original capacity. Willis has an axiom, ‘*Interdum febris quosdam stultos et stupidos sanavit, et acutiores reddidit;*’* and he cites several cases in proof of it.”

The preceding illustrations relate to cases in which the quantity or momentum of the blood is augmented; but the opposite condition may equally exist, and it is demonstrable that if the brain be not furnished with an adequate supply of blood, its functions are imperfectly performed.

“Persons exhibit, in particular forms of mania, a peculiar pallor of the skin, accompanied with such extreme emaciation, that a deficiency in the supply of blood is strongly indicated. The capillary vessels on the surface seem completely exsanguined; and the frequent insusceptibility of such patients to all external sensations, seems to imply that the circulation in the cutaneous vessels is so languid as to have impaired the nervous power and influence.”

Demency or fatuity is the form of derangement usually met with under such circumstances.

COMMENTARY VII.

Anomalies in the Circulation.—Dr. Burrows, under this head, details some, and alludes to many more instances, in which there has been great irregularity in the circulation—one artery or set of arteries differing from the rest, both in the strength and *number* of pulsations. We confess that we have always entertained much scepticism on the latter point, though it is difficult to resist the direct and unqualified assertions of our author:—

“A young woman, aged 24, experienced a pecuniary loss, which affected her health and suppressed the catamenia. Soon after a severe attack of mania followed. Before the approach of a paroxysm, the pulse was greatly accelerated. In the course of a few hours, the pulsation of the right carotid became so strong as to be visible to the eye. *While the stroke of the radial artery was 90, that of the carotid was 115 or 120, but irregular in force.* At the same time she complained of a great rush of blood to the head, with a whizzing noise in her ears; afterwards the temporal arteries began to beat with greater force and celerity, and presently she became completely and furiously deranged.”

That such discrepancies may be occasionally met with, it would be presumptuous to deny, merely because we have not ourselves met with them; but when our author goes on to speak of them as matters “indisputable,” and almost of every day occurrence, we must enter our protest against his accuracy. We allude only to want of correspondence in the number of pulsations which gives to arteries an independent power of action: that the pulse is at one moment quick and another slow—in one part weak and another strong—are circumstances too well known to require illustration; but we never have met with any instance in which one artery beat more frequently than another *during the same period*. Experiments in which arteries are felt during two consecutive periods are good for nothing, so rapidly do numerical changes occur. Dr. M. Cox, who appears to have paid much attention to the pulse of insane persons, and alludes to the difference in the character of the pulse in different arteries, “makes no remark on the inequality or want of correspondence in the *number* of pulsations in these vessels.”

The pulse of insane persons is very much influenced by their feelings; and while they often possess a remarkable power in preventing emotion from appearing in the countenance, they can scarcely, if at all, control the pulse; which Dr. Burrows, therefore, looks upon as an index of their condition.

COMMENTARY VIII.

Hæmorrhagic Discharges.—Of these, the first mentioned by our author is

* De Stupiditate, p. 190.

menstruation, which he designates the "moral and physical barometer of the female constitution." The suppression of this function is apt to produce local determinations, as is familiar to us all; and among the diseases which are thus very frequently excited, "the hazard of insanity is imminent." Nevertheless, Dr. Burrows does not regard menstrual obstruction as a very frequent cause of insanity—he is "quite convinced that amenorrhœa is oftener a consequence of cerebral disturbance:" emmenagogues, under such circumstances, must be useless. It is, therefore, of importance to ascertain whether the suppression has been the cause or the consequence of the insanity; and perhaps all that can be said on this point is, that if it has preceded the mental affection, and been produced suddenly by cold, fright, or any of those circumstances known to give rise to menstrual obstruction, we may fairly look upon this as the cause of the insanity; but under other circumstances as one of its effects.

The period at which menstruation ceases is favourable to the development of mental disease: at this time females, losing their personal attractions, are apt to be distracted with jealousy; many become enthusiastically religious; and yet more take to the bottle,—all of which are "dangerous to the equanimity of the moral feelings and mental faculties."

Hæmorrhoidal discharge is one of which we hear much and see little. Esquirol says, that the suppression of the discharge of blood from piles is almost as prejudicial as of the menses in women; and the same opinion, variously modified, is to be found in most writers who have touched upon the subject. Have any of our readers frequently seen cerebral affections as the distinct and unequivocal result of suppression of hæmorrhoidal discharges? We confess that we look upon this as a very imaginary source of disease, which has been transferred from one author to another—a remnant of the humoral pathology. With regard to the disease more particularly under consideration, our author says, "the opinion that a discharge of blood from piles often proves critical and removes insanity, I have never seen confirmed." This remark, we are persuaded, applies with equal truth to many diseases in which the same cause has been supposed to operate.

Varicose discharge need merely be mentioned: few are so much tainted with the doctrine of revulsion as to look upon bleeding from a varicose vein as different from any other kind of hæmorrhage.

Nasal and other hæmorrhages may sometimes give relief in cerebral affections. "The propensity to suicide," says our author, "has often been cured by the hæmorrhage of a self-inflicted wound." It may admit of fair doubt, however, whether in such cases the bleeding is the only circumstance to which the curative effect may be attributed.

COMMENTARY IX.

Diseases complicated with Insanity.—These are vertigo, epilepsy, convulsions, apoplexy, paralysis, catalepsy, hysteria, and hydropic effusions.

Vertigo is a disorder of the nervous system, dependent on the state of the circulation. There appear to be two kinds of it—

"The one arising from a too great impulse of blood in the cerebral vessels, and distinguished by rapid gyration in the head, succeeded sometimes by nausea or vomiting, and frequently by falling senseless; and the other, which, more correctly speaking, is a swimming, when objects seem as if approximating or receding from us and becoming dark, and which state proceeds from a defect in the supply or flow of blood, and assimilates more to that state which induces syncope. The latter is a symptom also of that condition of the system called asthenia.

"A careful observer will soon detect the one species of vertigo from the other, and avoid the fatal consequences of an error; for vertigo, whether arising from increased or decreased impetus of the blood, if its cause be mistaken, may produce mental derangement, as well as many other diseases."

It is of course very important to distinguish between these, as the treatment must be so different.

Epilepsy is frequently complicated with mental derangement. In both the impetus of blood to the head is often astonishingly great; in both the unfortunate patients frequently enjoy good health during the intervals; and there are many other points of resemblance. The insanity accompanied by epilepsy presents that dreadful disease in one of

its most dreadful forms; it is not, however, a hopeless variety of madness.

Convulsions are made the subject of a separate chapter; but we do not find any thing in it of sufficient importance for quotation.

Apoplexy is calculated by Esquirol as constituting a sixth of the physical causes of insanity; but Dr. Burrows thinks this too high an estimate. There is a disease which sometimes cuts off lunatics, and which has been confounded with sanguineous apoplexy.

"There is a peculiar and fatal disease often attacking old lunatics, which has been also confounded with sanguineous effusion, and in which the sudden termination of life seems the only character, etymologically, of apoplexy.

"Pinel first mentioned it; and Esquirol says, that suddenly the fury is most violent, then ceases, and in an instant the patient dies. Two short cases aptly illustrate it. A lunatic, aged sixty-two, dry and meagre, was for three months in an extreme agitation and continual delirium. Upon awaking from his sleep he calmly asked his servant for his snuff-box, took a pinch, and died. Another, aged forty-three, of the same temperament, was for a month in a delirious fury. On the thirty-first day he looked pale, begged to sit down, and expired.

"It appears in these cases as if all the vital powers were exhausted by the excess of the maniacal excitation; for the interior of the cranium presents no alteration, and the body is always singularly disposed to putrefaction."

Paralysis is frequently complicated with insanity; but the calculation varies very much as given by different authors: thus Esquirol, Georget, &c. estimate the numbers at one-half,—Dr. Burrows at less than one in twenty.

Catalepsy is next spoken of, but it is too rare a disease to be of much importance in a practical point of view. For our own part, we look upon it as a modification of hysteria.

Hysteria, which alternates with headache and giddiness, sometimes degenerates into mania; and this is more apt to occur if epilepsy be present. It is justly remarked by our author, that this disease (hysteria) is by no means confined to the female sex; and he adds, that when men are subject to the hyste-

rical passion, mania is more to be dreaded than in women.

Hydropic Effusions.—The most common effect of morbid action in the brain is effusion of serum within the cavities and membranes. "With very few exceptions," says Dr. Burrows, "out of many dissections of the heads of lunatics, I have found serum in the ventricles, or between the membranes of the brain, or in the theca vertebralis."

Insanity is a frequent accompaniment of ascites and anasarca, when these are the result of the abuse of spirituous liquors; but our author looks upon this as dependent upon the disease of the liver, so common in such cases, and holds that it is "in no way connected with, or dependent on, the dropsical effusions." Effusions into the cellular membrane of the lower extremities he thinks favourable, sometimes proving critical of the mental disorder.

The following are the conclusions drawn from a review of the physical phenomena of disordered intellect:—

"1. That the circulating system, in every case of insanity, is morbidly, though often differently affected.

"2. That the healthy exercise of the intellectual functions is dependent on a due regularity in the supply and momentum of blood to the brain, the source of the nervous system.

"3. That while the vascular and nervous systems act in concert, the harmony of the intellectual functions is undisturbed.

"4. That in all cases of insanity the vascular and nervous systems are in a state of opposition.

"5. That in incipient insanity excitement of the vascular system generally predominates; in chronic insanity, the nervous.

"6. That in all the diseases complicated with insanity, there is a well-marked ascendancy of either system.

"7. That as the actions of the two systems approximate, improvement in the intellectual functions takes place; and that when they again act in unison, sanity is re-established."

MEDICAL GAZETTE.

Saturday, August 30, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

COLLEGE OF SURGEONS.

IN our last Number we announced the election of Mr. Lawrence into the Council of the College of Surgeons. We had heard it rumoured that he did not mean to accept of the appointment, to which rumour we alluded in expressing our ignorance of his intentions; but this we are happy to find is incorrect. The length of the Anatomical Report, with which we now present our readers, obliges us again to postpone some remarks which the above election had suggested. We must, however, crave forgiveness of the Council for having inadvertently called them by their old designation of the “Court of Assistants;”—the fact is, that when public bodies once get a *name*, be it good or bad, it is very apt to stick by them.

ANATOMICAL REPORT.

The Select Committee appointed to inquire into the Manner of obtaining Subjects for Dissection in the Schools of Anatomy, and into the State of the Law affecting the Persons employed in obtaining or dissecting Bodies; and to whom several Petitions for the removal of Impediments to the Cultivation of the Science of Anatomy were referred; and who were empowered to report the Minutes of Evidence taken before them; have, pursuant to the Order of the House, examined the Matters to them referred, and agreed to the following Report:

THE peculiar nature of the subject which the Committee were appointed to investigate, has induced them to inquire

principally into the practice of the anatomical schools of London, where, by personal communication with the most eminent surgeons and with the students and principal teachers of anatomy, it could be fully ascertained that no detriment to their interests was to be apprehended from the publicity to arise out of the present inquiry. With regard to the practice of the provincial schools, to avoid the expense of summoning witnesses from a distance, they have been satisfied with written communications from resident professors or practitioners of eminence, which will be found in the Appendix.

The Committee have inquired into the nature of the difficulties which the anatomists have here to contend with, whether arising out of the state of the law or an adverse feeling on the part of the people; and into the evil consequences thence ensuing, as well to the sciences of medicine and surgery as to all who study, teach, and practise them, and eventually to the members of the whole community. They have called witnesses to shew in what manner the wants of the anatomist are provided for in several foreign schools, and to state their opinion whether similar methods could be applied with advantage in this country, and if applied would be adequate to remove the present difficulties.

The first origin of these difficulties is obviously to be traced to that natural feeling which leads men to treat with reverence the remains of the dead; and the same feeling has prompted them, in almost all times and countries, to regard with repugnance and to persecute anatomy.

As the importance of the science to the well-being of mankind was discovered, the governments of different states became its protectors, and in this country particularly, by the statute of Henry VIII., protection to a certain extent was given and intended to be given to it; but that protection, which at first perhaps was fully adequate, owing to the rapid progress of the science, has long since become wholly insufficient.

How limited were the wants of the science in the former part of the last century may be learned from the lectures of Dr. William Hunter, who describes the professors of the most celebrated schools, both at home and abroad, as employing in each course of lectures not more than one, or at most

two subjects, and as exhibiting the performance of the operations of surgery, not on human bodies, but on those of animals. He represents the students in medicine and surgery as never exercising themselves in the practice of dissection, because for such practice they had no opportunities.

For such a system of instruction the provisions of the statute of Henry VIII. might well be adequate, and these provisions, indeed, may now be considered of importance only as a distinct admission of the principle, that the government of this country ought to protect anatomy. The reformation of this antiquated and imperfect system took place in this country in the year 1746, when Dr. William Hunter, having a singular enthusiasm for the science, established complete courses of anatomical lectures, and opened a regular school for dissection. The reform thus introduced was complete, and its author exulted before his death in having raised and diffused such a spirit for dissection that he should leave behind him many better anatomists than himself.

Under his immediate pupils and their successors this school has gone on increasing. The earliest account that the Committee have met with of the number of anatomical students resorting to London, is that given by Mr. Abernethy, who states that shortly after the breaking out of the war with France they amounted to 200. One of the witnesses, Dr. Macartney, computes their number in the year 1798 at 300: and Mr. Brookes, a teacher of anatomy, in a calculation submitted to Sir Astley Cooper in the year 1823, then reckoned their number to be 1000. It appears from the returns now furnished by the teachers of the different schools in London, that their number at present is somewhat above 800; the diminution in the number since the year 1823 being the consequence, probably, of the pupils resorting to foreign schools, the advantages of which were less known at the former period than they are at present.

When it is considered what a demand there is for practitioners, as well to meet the wants of an increased population at home as of an extended empire of colonies and dependencies abroad, this rapid increase of students will not appear surprising; and if it is considered also that not only is that demand an increasing one, but that every practition-

er, however humble, from that laudable desire for intellectual improvement which characterizes the present age, endeavours, if he can afford it, to obtain a good education, and must regard himself as ill educated if he has not gone through a course of dissection, the eventual increase of dissecting students can hardly be calculated, should their wants be supplied abundantly and at a cheap rate.

Although the students now attending the schools of anatomy in London exceed 800, not more than 500 of this number actually dissect. The duration of their studies in London is usually sixteen months, and during that time the number of subjects with which every student in surgery ought to be supplied appears from the evidence (although there is some difference on this point) to be no less than three; two being required for learning the structure of the parts of the body, and one the mode of operating. The total number of subjects actually dissected in the schools of London in one year, is stated to be not greater than from 450 to 500, which is after the rate of less than one subject for each dissecting student; a proportion wholly insufficient for the purposes of complete education.

Dissection on an extended scale began in this country before there existed any such general feeling in its favour, founded on an opinion of its utility, that the British government, after the example of some foreign governments, would venture openly to patronize it. Accordingly, when in 1763 Dr. Hunter proposed to build an anatomical theatre, and to endow it with his museum and a salary for a professor, provided the government would grant him a site of ground for the institution, and his late Majesty would extend to it his countenance and protection, he met with a silent refusal. It was therefore only by stealth and by means not recognized by the law that the teacher was enabled to procure subjects. These means, it is notorious, from the time of Dr. Hunter down to the present time, have been principally disinterment; though of late other illegal modes and contrivances, such as stealing before burial, personation of relatives for the purpose of claiming bodies, &c. have occasionally been had recourse to. For some time after the first establishment of dissecting schools, while the number of

teachers and students was small and the demand for subjects very limited, the means which were resorted to for obtaining a supply were adequate to the wants of the students, and bodies were obtained in abundance and cheaply. The exhumators at that time were few, and circumspect in their proceedings; detection was rare, the offence was little noticed by the public, and was scarcely regarded as penal; so that (according to one of the witnesses) long after the decision of the judges in 1788, that disinterment was a misdemeanor, prosecutions for this offence were not common, and offenders taken in the fact were usually liberated. If this state of things had continued, though the illegality of the practices had recourse to must be conceded, yet they could scarcely be said to occasion evils of such magnitude as to require a legislative remedy. But the number of students and teachers having greatly increased, and with them the demand for subjects and the number of exhumators, detections became frequent, the practice of exhumation notorious, and public odium and vigilance were directed strongly against the offenders. It may be collected from the debates in Parliament which took place in the year 1796, during the progress of a bill for subjecting to dissection the bodies of felons executed for burglary and robbery, that even at that time the public regarded disinterment with strong feelings of jealousy.

In proportion as the public became vigilant, the laws relating to sepulture were interpreted and executed with increasing rigour; and as the price of subjects rose with the difficulty of obtaining them, the premium for breaking the laws increased with the penalty. The exhumators increased in number, and being now treated as criminals, became of a more desperate and degraded character.

The parties of daring men who now took to raising bodies, did it happen (as was frequently the case) that, while in pursuit of the same spoil, they fell in one with another, actuated by vindictive feeling, and regardless of the caution and secrecy on which the successful continuance of their hazardous occupation must depend, had contests in the places of sepulture, left the graves open to public gaze, or gave information to magistrates, or the relatives of the dis-

interred, against their rivals. Frequently, with a view to raise the price of subjects, to extort money, or to destroy rivalry, they have proceeded to acts of outrageous violence, tending to excite the populace against the teachers of anatomy. These, and similar acts of violence or imprudence, have been constantly bringing exhumation to light, and have exasperated the public against both the exhumator and the anatomist; and this to such a degree, that of late, in many cases, individuals, out of solicitude to guard the dead, have taken upon themselves to dispense with the laws of their country, and have fired upon parties attempting disinterment. Other circumstances, but of minor importance, have been assigned by some of the witnesses as augmenting the difficulty of obtaining subjects in London, or increasing the demand for them; but as regards them, the Committee beg leave to refer to the evidence itself. The general result has been, with some difference, according to differences of place and season (sometimes owing to the caprice and mercenary motives of the agents employed, at other times owing to the real difficulty of obtaining a supply), that of late subjects have been to be procured, either not at all, or in very insufficient quantity, and at prices most oppressive to the teacher and student.

The price of a subject, about thirty years ago, was from one to two guineas; the teacher now pays from eight to ten guineas; and the price has risen even to sixteen guineas. The teachers deliver subjects to their dissecting pupils at a lower price than that at which they purchase them, having been compelled to resort to this expedient, lest dissection in London should be abandoned altogether. The loss which they sustain is made good out of the fees which they receive for attendance on their lectures in the anatomical theatre. The cost of providing subjects is also enhanced to the teacher, by his being required occasionally to defend the exhumator against legal prosecution, and to maintain him against want, if sentenced to imprisonment, and his family, in case he has one, until the period of his punishment expires.

Nor is it only of a precarious, insufficient, and expensive mode of obtaining subjects that the cultivators of anatomy

complain,—it is by the law, not as regards the exhumators, but as it affects themselves, that they are aggrieved.

The first reported case of a trial for disinterment is that of *Rex v. Lynn*, in the year 1788, when the Court of King's Bench, on a motion for an arrest of judgment, decided it to be a misdemeanor to carry away a dead body from a church-yard, although for the purpose of dissection, as being an offence *contra bonos mores* and common decency. In this state the law on the subject of disinterment, as interpreted by the Court of King's Bench, appears to have remained until the present year; when Davies and another were tried and convicted at the assizes at Lancaster, and subsequently received the sentence of the Court sitting at Westminster, for having taken into their possession, with intent to dissect, a dead body, at the time knowing the same to have been unlawfully disinterred. A respectable teacher of anatomy, residing at Liverpool, had been tried and found guilty on a similar indictment at the quarter sessions at Kirkdale, in the month of February in the same year. With these exceptions, magistrates appear hitherto to have taken no cognizance of receiving into possession a dead body, unless there were strict evidence that the receiver was a party to the disinterment; and on this practical view of the state of the law professional men also appear hitherto to have acted. At present, however, a most intelligent magistrate, one of the witnesses, considers that very slight evidence would connect the receiver with the disinterment; and that the purchase from the exhumator would suffice to send the case to a jury, the knowledge of the fact of disinterment being to be collected from the circumstances, if strong enough to justify the inference. It is stated that there is scarcely a student or teacher of anatomy in England who under the law, if truly thus interpreted, is not indictable for a misdemeanor.

According to the opinion of the last-cited witness, to be a party to the non-interment as well as to the disinterment of a dead body, would render a person indictable for a misdemeanor. Two cases are cited in support of this opinion. In the one, *Rex v. Young*, a non-reported case, but referred to by the court in the case of *Rex v. Lynn*, the master of a workhouse, a surgeon,

and another person, were indicted for and convicted of a conspiracy to prevent the burial of a person who had died in the workhouse. In the other, *Rex v. Cundick*, which occurred at the Surrey spring assizes in the year 1822, the defendant was found guilty on an indictment for a misdemeanor, charging him with not having buried the body of an executed felon entrusted to him by the gaoler of the county for that purpose; but with having sold the body for lucre and gain, and for the purpose of being dissected: and on this trial it was not considered necessary to prove that the body had been sold for lucre or for the purpose of dissection. The witness infers, from the analogy of all these cases, that to treat a dead body as liable to any thing but funeral rites, is an offence *contra bonos mores*, and therefore a misdemeanor.

This state of the law is injurious to students, teachers, and practitioners, in every department of medical and surgical science, and appears to the Committee to be highly prejudicial to the public interests also.

It is the duty of the student to obtain, before entering into practice, the most perfect knowledge, he is able, of his profession; and for that purpose to study thoroughly the structure and functions of the human body; in which study he can only succeed by frequent and repeated dissection. But his wants cannot adequately be supplied in this country, except at an expense, amounting nearly to a prohibition, which can be afforded only by the most wealthy, and precludes many students from dissecting altogether. From the precariousness or insufficiency of the supply, the dissections and lectures are often suspended for many weeks, during which the pupils are exposed to the danger of acquiring habits of dissipation and indolence; and, from the same causes, that important part of surgical education is usually omitted, which consists in teaching how to perform on the dead body those operations which the student may afterwards be required to practise on the living. But not only does the student find dissection expensive and difficult of attainment; but he cannot practise it, without either committing an infringement of the law himself, or taking advantage of one committed by others. In the former case, he must expose himself to imminent

hazard, and in either he may incur severe penalties, and be exposed to public obloquy. The law, through the medium of the authorities entrusted with conferring diplomas, and of the boards deputed by them to examine candidates for public service, requires satisfactory proof of proficiency in Anatomical Science, although there are no means of acquiring that proficiency without committing daily offences against the law. The illegality and the difficulties attending the acquisition of the science, dispose the examiners in some cases to relax the strictness of their examination, and induce them, in the case of the Apothecaries Company, to dispense with dissection altogether; the persons to whom certificates are granted by the examiners of this Company being those who, from their numbers* and extensive practice, ought especially, for the safety of the public, to be well instructed. The annual number of certificates so granted exceeds 400.

The teacher of anatomy, besides the evils which befall him in common with the student, has to suffer others, arising also out of the state of the law, which affect him with peculiar hardship. The obstacles which impede the study of anatomy in this country are such, and the facilities presented to the study in foreign countries are so great, that those English students who are desirous of obtaining a thorough knowledge of the science, desert the schools at home, and repair to those abroad. Their principal resort is to Paris, where 200 English students of anatomy are now pursuing their course of instruction. Dissection probably, under these circumstances, would scarcely be followed at home, were it not for the regulations of the College of Surgeons, which require the candidates for the diploma of the college to have learned the practice of surgery in a recognized school within the United Kingdom; so that the student, during the period required for learning this practice, in order that he may the sooner become qualified for his profession, employs a part of his time in learning also to dissect. These disadvantages, affecting the teacher, are such, that except in the most frequented schools, attached to the greater hospitals, few have been able to continue teaching with profit, and some private

teachers have been compelled to give up their schools. To the evils enumerated it may be added, that it is distressing to men of good education and character to be compelled to resort, for their means of teaching, to a constant infraction of the laws of their country, and to be made dependent, for their professional existence, on the mercenary caprices of the most abandoned class in the community.

But it is not only to the student, while learning the rudiments of the science, and to the teacher, while endeavouring to improve it, that dissection is necessary, and the operation of the law injurious. It is essential also to the practitioner, that during the whole course of his professional career he should dissect, in order to keep up his stock of knowledge, and to practise frequently on the dead subject, lest, by venturing to do so unskilfully on the living, he expose his patients to imminent peril. He is required also, in many important cases, civil and criminal, to guide the judgment of judges and of jurors, and would be rebuked were he to confess, upon any such occasion, that, from having neglected the practice of dissection, he was unable to throw light upon a point at issue in that science which he professed. He is liable, in a civil action, to damages for errors in practice, due to professional ignorance; though at the same time he may be visited with penalties as a criminal, for endeavouring to take the only means of obtaining professional knowledge.

Under these circumstances, affecting equally the student, teacher, and practitioner, the committee were not surprised to find that this inquiry excited considerable interest in all parts of the country, and that numerous petitions from all classes of the profession, connected with the science of anatomy, were laid upon the table of the house, uniformly praying for an amendment of the existing law on the subject.

But independently of the bearings of the question on the interests of medical practitioners, and on the health of the community, the system pursued is productive of great evil, by training up a race of men in habits eminently calculated to debase them, and to prepare them for the commission of violent and daring offences. The number of persons who, in London, regularly live by rais-

* Computed at 10,000 in England and Wales.

ing bodies, is stated by the two police officers, examined before the committee, not to exceed ten ; but the number of persons, occasionally employed in the same occupation, is stated by the same witnesses to be nearly 200. Nearly the whole of these individuals, as is admitted by the exhumators themselves who were examined before the committee, are occupied also in thieving, and form the most desperate and abandoned class of the community. If, with a view to favour anatomy, exhumation should be allowed to continue, it appears almost a necessary consequence that thieves also should be tolerated. It should seem useless, however, with a view to suppress exhumation, to endeavour to execute the existing laws with increased severity, or to enact new and more rigorous ones. The effect of interpreting and executing the laws with increasing rigour has been, not to suppress exhumation, but to raise the price of bodies, and to increase the number of exhumators. So long as there is no legalized mode of supplying the dissecting schools, so long the practice of disinterment will continue: but if other measures were devised, which would legalize and ensure a regular, plentiful, and cheap supply, the practice of disinterring bodies, and of receiving them, would of necessity be entirely abandoned.

Before adverting to those new methods for obtaining an adequate supply of subjects which have been suggested by the witnesses who have been examined before the Committee, they will state in what manner, according to the evidence adduced, the schools of anatomy at Paris are provided. They have also inquired into the practice of some other foreign schools, for an account of which they beg to refer to the evidence itself; and they dwell upon the practice of the schools of Paris, because it approaches most nearly to the plan recommended by most of the witnesses for adoption in this country.

The administration of all the hospitals at Paris, since the period of the revolution, has been confided to a public board of management. The rule at the hospitals is, that every patient who dies shall be attended by a priest, and that, after the performance of the usual ceremonies of the Catholic church, the body shall be removed from the chapel attached to the hospital to the dead

room, and there remain for twenty-four hours, if not sooner claimed by the relatives. Bodies may be examined after death, by the medical officers attached to a hospital, in order to ascertain the cause of death; but may not be dissected by them. A body, if claimed by the friends after examination, is sewed up in a clean cloth, before being delivered to them. If not claimed within twenty-four hours after death, after being enveloped in a cloth in a similar manner, it is sent, in the manner hereafter described, to one of the dissecting schools.

There are no private dissecting schools at Paris, but two public ones; that of the *Ecole de la Médecine*, and that adjoining the *Hôpital de la Pitié*. These are supplied exclusively from the different hospitals and from the institutions for maintaining paupers, the supply from certain of these establishments being appropriated to one school, and that from the remaining establishments to the other.

The distribution of subjects to the two schools is confided to a public officer, the *Chéf des travaux Anatomiques*. He causes them to be conveyed from the hospitals at an early hour, in a covered carriage, so constructed as not to attract notice, to a building at the schools set apart for that purpose. They are then distributed by the *prosecteurs* to the students; and after dissection, being again enveloped in cloth, are conveyed to the nearest place of interment.

The students at the *Ecole de la Médecine* consist of young men who have distinguished themselves at a public examination, though the person at the head of the establishment is also allowed to admit pupils to dissect. The school of *La Pitié* is open to students of all nations, who, on entering themselves, may be supplied with as many subjects as they require, at a price varying, according to the state in which the body is, from three to twelve francs; priority of choice, however, being given to the *élèves internes* of the different hospitals, and the subjects being delivered to them at a reduced price. English surgeons were here permitted, until lately, to engage private rooms for the purpose of lecturing on anatomy to students of their own nation, and to superintend their labours in the dissecting-room. From the protection and facilities which have thus been afforded to the study of anatomy at Paris, it has

become the resort of the medical students of all nations; the practice of exhumation is wholly unknown, and the feelings of the people appear not to be violated.

It is the opinion of almost all the witnesses, that the adoption in this country of a plan similar in most respects to that which prevails in France, would afford a simple and adequate remedy for the existing evils. They recommend that the bodies of those who during life have been maintained at the public charge, and who die in workhouses, hospitals, and other charitable institutions, should, if not claimed by next of kin within a certain time after death, be given up, under proper regulations, to the anatomist; and some of the witnesses would extend the same rule to the unclaimed bodies of those who die in prisons, penitentiaries, and other places of confinement. In the hospitals which supply subjects to the anatomical schools of France and Italy, religious rites are paid to the dead before giving up the bodies for dissection: in the plan proposed for this country, most of the witnesses recommend that the performance of religious rites should be deferred until after dissection, and they are anxious that the anatomist should be required, under adequate securities, or a system of effective superintendence, to cause to be administered, at his own expense, to the bodies which he dissects, religious solemnities and the usual rites of burial.

The plan proposed has this essential circumstance to recommend it—that provided it were carried into effect, it would yield a supply of subjects that, in London at least, would be adequate to the wants of the anatomist. The number of anatomical students resorting annually to London, and the number of subjects with which they ought to be supplied, have been already stated. It appears from the returns obtained by the Committee from 127 of the parishes situate in London, Westminster, and Southwark, or their immediate vicinity, that out of 3744 persons who died in the workhouses of these parishes in the year 1827, 3103 were buried at the parish expense; and that of these, about 1108 were not attended to their graves by any relations. There are many parishes in and around London from which at the time of making

this Report returns had not been delivered in; but it may be inferred from those returns which have been procured, that the supply to be obtained, from this source alone, would be many times greater than that now obtained by disinterment; that when added to the supply to be derived from those other sources which have been pointed out, it would be more than commensurate to the wants of the student, and consequently, that the plan, if adopted, as meeting the exigencies of the case, would eventually be the means of suppressing the practice of exhumation.

If it be an object deeply interesting to the feelings of the community that the remains of friends and relations should rest undisturbed, that object can only be effected by giving up for dissection a certain portion of the whole, in order to preserve the remainder from disturbance. Exhumation is condemned as seizing its objects indiscriminately—as, in consequence, exciting apprehensions in the minds of the whole community—and as outraging in the highest degree, when discovered, the feelings of relations. If selection then be necessary, what bodies ought to be selected but the bodies of those who have either no known relations whose feelings would be outraged, or such only as, by not claiming the body, would evince indifference on the subject of dissection? It may be argued, perhaps, that the principle of selection, according to the plan proposed, is not just, as it would not affect equally all classes of the public; since the bodies to be chosen would, necessarily, be those of the poor only. To this it may be replied—1st. that even were the force of this objection, to a certain degree, admitted, yet that, to judge fairly of the plan, its inconveniences must be compared with those of the existing system; which system, according to the evidence adduced, is liable in a great measure to the same objection, since the bodies exhumated are principally those of the poor; 2dly, that the evils of this, or of any other plan to be proposed on this subject, must be judged of by the distress which it would occasion to the feelings of surviving relations, and the unfairness to one or another class of the community, by the degree of distress inflicted on one class rather than another; but where there are no relations to suffer distress,

there can be no inequality of suffering, and, consequently, no unfairness shown to one class more than another.

One or two of the witnesses, who appear to be either favourable, or not opposed to the principle of the plan, speak with doubt of its success, as though it would be found impracticable to reconcile the public to its introduction; and one, in particular, apprehends that religious feelings may impede its adoption. An objection founded on religious feelings does not apply to the plan in question only, but would be equally valid, generally, against all dissection whatsoever; and should lead those who urge it, consistently with their own principles, to endeavour to put down altogether the study of practical anatomy.

Though it may be true that the public are to a certain degree averse to dissection, yet it is satisfactory to find several of the witnesses adducing facts to prove that those feelings of aversion are on the decline. They state that in those parish infirmaries where the bodies of those who die are examined, as the practice has become common, it has been viewed with less jealousy: that in those hospitals where a similar rule prevails, neither patients themselves are deterred from applying for admission, nor their relatives on their behalf: that the addition of public dissecting-rooms to hospitals has not produced any diminution in the number of applications for relief within the walls of those hospitals; and that, by reasoning with the friends of those who die, and by explaining to them how important it is to the art of healing that examination should take place after death, they may usually be brought to consent to the bodies of their friends being examined. Hence it is argued, that in involving the subject of dissection in mystery, as has hitherto been the case, the public have been treated injudiciously; that with proper precautions, and the light of public discussion to guide them, they may be made to perceive the importance of the study generally, and the reasonableness of the particular measure now contemplated, and that when they come to regard it as the means of suppressing exhumation, they will receive it with favour, and finally acquiesce in it.

The legislative measure which most of the witnesses are desirous of, in

order to enable them to carry the plan into effect, is the repeal of any existing law, which would subject to penalties those who might be concerned in carrying the proposed plan into execution: they wish for an enactment, permissive and not mandatory, declaring that it shall not be deemed illegal for the governors of workhouses, &c. and for anatomists, the former to dispose of, the latter to receive and to dissect, the bodies of those dying in such workhouses, &c. such bodies not having been claimed, within a time to be specified, by any immediate relations, and due provision being made for the invariable performance of funeral rites. Some few of the witnesses, indeed, who state that they wish for the success of the plan, contemplate any legislative interference whatever in this matter with apprehension; but they do not appear to have been aware how nearly the cases decided by the courts of law, and already adverted to, would apply to persons engaged in executing the plan in question. In those cases, the bodies for the non-burying of which the defendants were severally convicted, were those of a pauper who died in a workhouse, and of a person who had suffered death as a felon. If these cases apply, as it appears they do, to persons engaged in giving up or in receiving, for other purposes than for burial, the bodies of the inmates of workhouses or of prisons, such impediments to the success of the plan cannot be removed, as these witnesses think they might be, simply by the favourable interference of the executive government, however disposed to show indulgence to the profession; but an act of the legislature can alone provide a remedy.

Amongst the measures that have been suggested for lessening the dislike of the public to dissection, is that of repealing the clause of the act of Geo. II. which directs that the bodies of murderers shall be given up to be anatomized. It appears from the returns already laid before the house, that, as regards the direct operation of this clause, on the supply of subjects, the number which it yields to the anatomist is so small in comparison of his total wants, that the inconvenience which he would sustain from its repeal would be wholly unimportant. As to its remote operation, almost the whole of the witnesses examined before the

committee, and of those whose written communications will be found in the appendix, are of opinion that the clause in question, by attaching to dissection the mark of ignominy, increases the dislike of the public to anatomy, and they therefore are desirous that the clause should be repealed.

The committee would be very unwilling to interfere with any penal enactment which might have, or seem to have, a tendency to prevent the commission of atrocious crimes; but as it may be reasonably doubted whether the dread of dissection can be reckoned amongst the obstacles to the perpetration of such crimes, and as it is manifest that the clause in question must create a strong and mischievous prejudice against the practice of anatomy, the committee think themselves justified in concluding, that more evil than good results from its continuance.

The committee consider that they would imperfectly discharge their duties if they did not state their conviction of the importance to the public interests of the subject of their inquiries. As the members of the profession are well educated, so is their ability increased to remove or alleviate human suffering. As the science of anatomy has improved, many operations formerly thought necessary have been altogether dispensed with; most of those retained have been rendered more simple, and many new ones have been performed, to the saving of the lives of patients which were formerly thought impossible. To neglect the practice of dissection would lead to the greatest aggravation of human misery; since anatomy, if not learned by that practice, must be learned by mangling the living. Though all classes are deeply interested in affording protection to the study of anatomy, yet the poor and middle classes are the most so; they will be the most benefitted by promoting it, and the principal sufferers by discouraging it. The rich, when they require professional assistance, can afford to employ those who have acquired the reputation of practising successfully. It is on the poor that the inexperienced commence their practice, and it is to the poor that the practice of the lower order of practitioners is confined. It is, therefore, for the interest of the poor especially, that professional education should be rendered cheap and of easy

attainment; that the lowest order of practitioners (which is the most numerous), and the students on their first entry into practice, may be found well instructed in the duties of their profession.

Such, on an attentive consideration of the evidence adduced, is the deliberate judgment of the committee on the matters submitted to them; and it now remains for the house to consider whether it will not be expedient to introduce, in the course of the ensuing session, some legislative measure which may give effect to the recommendations contained in the present Report.

July 22, 1828.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

REMARKS ON THE STOMACH.

It appears, according to Sœmmerring, that the stomach of the negro differs from that of the European, in being more rounded, and liker to that of the monkey. This rounded shape is particularly remarkable in the large extremity.

The straitening which is found in the middle of the stomach in certain individuals is almost exclusively met with in women, and he supposes it to depend upon their dress. There is no trace of it in infants.

The opening of the pylorus differs in different persons, and four principal modifications are represented in corresponding engravings. These varieties depend principally on a glandular ring, which is pretty firm, and forms the border of the opening, and may be seen on elevating the peritoneum and subjacent cellular tissue with care.—*Denkschriften d. K. Akad. d. Wissench zu. München.*

EFFECT OF ELEVATION UPON THE PULSE AND BREATHING.

Dr. Brunner, in ascending Mount Etna, in 1826, found that at Nicolosi, 3200 feet above the level of the sea, his pulse was 72; at Casa Gemellara, 9300 feet high, it was 80; and at the summit of the mountain, 10,152 feet, it was 84; his natural pulse on the plain being 62-63. Notwithstanding the tenuity of the air at the above elevation,

he experienced no inconvenience in respiration.—These observations correspond to some made by Dr. Parrot on the Pyrenees. —*Froriep's Notizen*, No. 6.

FOREIGN BODIES IN THE WINDPIPE OR GULLET.

Dr. Begin, in his *Mem. de Medecine Militaire*, after relating some cases in which foreign bodies were lodged in the throat, goes on to remark that the danger from such accidents depends upon the extent to which the glottis is closed by these bodies; or upon their being so light and moveable as to be carried by the air into the interior of the trachea. Bodies which, without interrupting the passage of the air, remain fixed either in the ventricles of the larynx or about the bifurcation of the bronchi, excite an obtuse pain, with habitual inconvenience, ending in chronic bronchitis: the conduct of the practitioner ought to correspond to the difference in the effects. If the cough be severe, the anxiety considerable, the danger of suffocation imminent, it is necessary to operate immediately, and, under such circumstances, M. Begin is of opinion that laryngotomy ought to be performed, even although the pulse should have ceased, the breathing become insensible, and life apparently extinct: the patient is then in a state of asphyxia, and the death is frequently only apparent.

But if the first alarm of suffocation has subsided, and a fixed pain points out that a foreign body is lodged in the larynx, still it is necessary to operate, because the body ought to be extracted before it has disorganized the mucous membrane. In other cases the operation would be useless, and the author recommends dividing the crico-thyroid membrane, because this alone will give vent to small bodies, and besides, it can be enlarged at pleasure.

The following case is related:—A soldier in good health was suddenly seized with a copious vomiting of blood, the return of which next day proved fatal. Examination after death shewed a six franc piece firmly impacted in the œsophagus, opposite the bifurcation of the bronchi, but in such a manner as not materially to interfere with deglutition or respiration. The piece was, as it were, imbedded in two deep and old ulcerations; that on the left side had a clot in its centre forming a kind of

soft eschar: a probe introduced into it passed immediately into the aorta.

After the relation of the above case, M. Begin continues his directions as to the treatment. After having made ourselves acquainted with the circumstances attending the accident, he advises ascertaining the size and position of the foreign body: the patient being seated with the mouth open, and the head thrown back, a tube of silver or copper, 18 inches long, cylindrical, and blunt at the point, is to be introduced, in order to determine in what direction the body is placed, &c.

EMPHYSEMA FOLLOWING A SEVERE LABOUR.

A young woman, of sanguine and irritable temperament, was seized with acute peripneumony at the beginning of the eighth month of pregnancy. On the seventh day labour came on, and during more than four hours the pains were sharp: a little time after an emphysematous tumor made its appearance at the upper part of the chest. A practitioner having been called twelve days after the delivery, found the patient in the following state:—The head was of enormous size; the face purple, as well as the neck, which also was considerably swelled; the chest and limbs greatly exceeded their natural dimensions, and the swelling every where presented the characters of emphysema. The oppression was so great that suffocation seemed impending. A large bleeding from the arm was practised, and in four hours it was repeated; after which the breathing was less laborious, at the same time the emphysema diminished, the head and face regaining their ordinary size and colour; but even yet the patient could not lie on either side. As there was no lochial discharge, and the abdomen was very tender, eight leeches were applied to the vulva, and several bleedings from the arm had recourse to. The oppression is stated to have diminished under the use of these remedies, but the patient was much reduced; the tongue dry; the pulse frequent and small; the neck tumified to such an extent that the skin covering it was on a level with that of the face. A large sinapism was applied to the chest, and the tumified parts were covered with compresses dipped in aromatic wine. On the thirteenth day from

the accouchement the state of the patient was rather more favourable; but as the abdomen was still tender, the leeches were repeated, at the same time some soup and spoonful of wine were administered. From this time the emphysema gradually disappeared; the lochia and secretion of milk became established, and the patient recovered.

—*Decadas de Med. y. Cirurg.* No. 4.

CONVULSIONS CURED BY LIGATURE.

A young girl, between 13 and 14 years old, not having menstruated, had been subject for four or five months, without any known cause, to periodical attacks of convulsions; which began by acute pains in the extremity of the ring finger of the left hand, and which were succeeded by a feeling resembling the *aura epileptica* through the whole arm. The patient then lost her recollection, fell down, and had convulsions more or less violent, which left her in a state of great exhaustion, so that she knew nothing that passed around her, and recollected nothing that had happened. These attacks, which happened monthly, appearing to the physician to depend upon the want of menstruation, he directed his treatment to that view of the case; but at the same time he recommended a ligature to be placed round the finger in which the attack began, and by this means suspended the accession. The next day the same pain was felt, and the ligature was again applied; but whether this was done too late, or that it was not sufficiently tight, the fit came on; then a fresh ligature was placed above the wrist, and the attack was cut short. The patient, encouraged by this success, made use of this means whenever she felt the pain in her finger, and by so doing preserved herself from these attacks for several successive days, and which, unless she had done so, would probably have continued until the menstrual discharge appeared, and saved her from the risk of a relapse.—*Decadas de Med. & Chir. Pract.*

DEATH OF DR. GALL.

DR. GALL, the celebrated phrenologist, died a few days ago, at his country-house in the neighbourhood of Paris, after a long and painful illness.

TERMINATION OF MR. MORGAN'S CASE OF TUMOR IN THE NECK.

GUY'S HOSPITAL.—In the last report it was stated that the patient had not had an unfavourable symptom up to the sixth day from the operation: on this day, however, she (without the permission of her medical attendants) ate some fruit pudding; of which imprudence she very soon felt the effect in a profuse diarrhoea, attended by pain and tenderness at the epigastrium, and extreme exhaustion.

Hyd. c. Cretâ, gr v. h. s.

Mist. Cretâ c. Opio, after each liquid stool.

The diarrhoea continued during the seventh and eighth day, with such an aversion to swallowing that, although she was in the most complete state of exhaustion, and was ordered different stimulants, she could scarcely be prevailed upon to swallow any thing. On the ninth day she died.

Examination Post Mortem.—The mucous lining of the large intestines was softened and easily separable. No other visceral disease was discovered.

The situation of the tumor was minutely examined. The flaps of skin had united by adhesion in many points.

Near the parotid gland the regeneration of the disease had already commenced. Two white rounded bodies, of the size each of a small marble, attached by a narrow base, which certainly were not there immediately after the operation, shewed, by the quickness of their growth, the short space of time in which a tumor, of the same dimensions as the first, might have been produced.

BOOKS RECEIVED FOR REVIEW.

A Manual of the Anatomy, Physiology, and Diseases of the Eye and its Appendages. By S. J. Stratford, Member of the Royal College of Surgeons in London, &c. &c.

A Clinical Lecture delivered in the Royal Infirmary of Edinburgh, July 1828.

NOTICES.

The communications of "Dr. Hodgkin," "Mr. Else,"—"A Constant Reader,"—"An Embryo,"—"H. W. D."—and "A Bartholomew Pupil," have been received.

Mr. S.'s Letter has just come to hand: we shall be glad to be furnished with the reports alluded to.

ERRATA.

In our last Number, p. 364, line 1 and 21, for "palmer," read "palmar."

Page 364, line 23, for "become," read "because."

Page 364, line 36, for "or," read "and."

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

No. 40.] SATURDAY, SEPTEMBER 6, 1828. [VOL. II.

ESSAYS ON SYPHILIS.

BY JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 357.]

HAVING endeavoured to shew that Mr. Hunter was not in reality more successful than his predecessors in forming any marked line of distinction between syphilitic and non-syphilitic diseases, I must next proceed to avow candidly that I am quite as little satisfied with what Mr. Abernethy has urged on the same topic. The same erroneous conclusions appear to me to have been derived from mistaken premises, but for which that acute writer is not to blame, because, the fact of the possibility of curing all forms of the venereal disease without mercury being unknown to him, he has built his distinctions upon a wrong foundation. That I do not assert this unadvisedly will, I think, be very readily admitted from considering the following passage of Mr. Abernethy's essay: speaking of syphilis, and pseudo-syphilis, he says, "since, then, our senses fail us in our endeavours to discriminate between these two diseases, and since the most important circumstance is to distinguish whether the disease is syphilis or not, we may inquire whether there are any circumstances in the progress of these different diseases which will serve us in distinguishing one from the other: it appears to me that there are." Now, what is this distinction? let me ask. Why, that the constitutional symptoms of syphilis are progressive, and never disappear unless medicine is employed. In another part of the same paper,

also, Mr. Abernethy speaks the same language in a still more forcible and pointed manner. "It cannot, I think, upon a due consideration, be denied (I now quote his own words) that many sores are produced on the genitals by sexual intercourse which are not the effects of the venereal poison, and that many of them infect the constitution, and produce secondary symptoms resembling those of that disorder. It may be asked, however, if these disorders be not venereal, what are they?" Now mark the distinction he draws. "I shall denominate, in these pages, the disease which broke out at the siege of Naples, and which Mr. Hunter has described as the venereal disease, by the name given it by nosological writers, that is, syphilis; and I shall call those diseases which differ from it in its progress, and *mode of becoming well*, by a name importing those circumstances, that is, pseudo-syphilis."

I have already objected to this name, and have given my reason for so doing; and I would farther beg to observe upon the paragraph above quoted, that when Mr. Abernethy says he denominates the disease which took place at the siege of Naples, syphilis, he is in fact begging the whole question, for we are quite ignorant at this distance of time whether one kind of ulcerations only was so designated, or whether it bore the precise character which Mr. Hunter applied to chancre, simply, I presume, because it was the species of sore most commonly met with in his day; we were also totally ignorant until lately of what would take place when these sores are left to themselves, and therefore the mode of their becoming well no longer affords any distinction.

Mr. Abernethy quotes Celsus, as proving the existence of no less than eight different sores on the genitals in consequence of sexual connexion, but it has been amply shewn that these were not productive of constitutional affections, and therefore they can have nothing to do with the subject in question. In treating of the constitutional affections, Mr. Abernethy's reasonings are liable to the same objections, for they all turn upon the belief that mercury was absolutely requisite for the cure of the syphilitic chancre, and the relation of the very valuable cases he has recorded proves clearly to my mind that peculiarity of constitution on one side, and the excitement of new and diseased actions by the undue exhibition of mercury on the other, will solve all the difficulties and explain all the anomalies which they present; for nothing can be more true than a remark made by Mr. Rose, that these syphiloid diseases are seldom met with excepting where mercury has been too profusely or improperly administered.

Nothing then, according to my view of the subject, leading to a proof of distinct venereal disease, can be derived from the writings of Mr. Abernethy; he has indeed shewn that sores on the parts of generation assume many different aspects—that they are sometimes aggravated by mercury, sometimes even permanently cured without it, at others succeeded by a train of secondary symptoms; and the result of his valuable experience is, that we must sometimes merely await, and, as it were, attend upon the progress of the sore, and in others use our mercurial medicines with great caution and moderation.

In bringing to your notice, next in order, the little work of Mr. Evans on ulcerations of the genitals, I feel no hesitation in saying that this gentleman has done more towards discriminating those sores which are the product of impure connexion from those which are not so, than any of his predecessors or successors: his remarks are distinguished for clearness, perspicuity, and candour, and they appear to me to include nearly all that has yet been done to any good purpose in this branch of enquiry. Mr. Evans is, however, an advocate for more than one kind of venereal disease, and his work is announced to contain an account of those ulcers which are not to be considered as the primary affection

of syphilis: and why? “Because, (he says) besides wanting many essential diagnostic characters of that disease, as laid down by authors, they do not require mercury for their cure.” Thus you will observe, that in the very outset Mr. Evans draws the same distinction as Mr. Hunter and Mr. Abernethy had previously done—a distinction which does not in reality exist. Mr. Evans divides his work into two parts, the first containing a description of those diseases which do not arise from sexual intercourse, including phlegmon, anthrax, chronic tubercles, but all and each of which in their ulcerative stages may give rise to erroneous views of their real nature: the second part includes all diseases arising from sexual intercourse, and he commences with excoriation and erysipelas: perhaps it would have been as well not to have included these in this division, because they may happen independently of actual connexion; but whilst making this remark, I cannot refrain from praising the accuracy with which these several affections are described, and the great good that must arise from an attentive study of their several varieties. Yet these are confessedly not syphilitic; they are followed by no after consequences; and here is the great distinctive mark which separates this class of diseases from syphilis. The ulcers which Mr. Evans describes as leading to secondary symptoms are the raised ulcer of the prepuce; and a second, which he considers of a spurious kind: the first he calls *venerola vulgaris*, the latter *venerola superficialis*, the third he denominates *venerola indurata*, from its great surrounding hardness. Now it is remarkable that though all these sores are described as if they were distinct and different in their essence, they all commence with a pustule, and, in fact, are only varieties of each other, the difference being more one of greater or less rapidity in the progress of the different stages than any thing else; they are all attended with derangement of health, highly aggravated by the incautious or free use of mercury, but without it is employed constitutional symptoms, to a certain extent, are described as being very frequent. Now when we find the author subdividing the first of these sores into four stages, that the appearance in each stage is different, that even the situation of the sore causes a change of aspect,

that it is sometimes circular, at others irregular, that the colour even is not always one and the same; at the reflection of the prepuce it is often excavated, and then there is a great deal of hardness about it; whilst, again, upon the frænum it has not this cupped appearance, but on the contrary is so little concave as to leave its real nature doubtful; when, I say, these and other discrepancies are taken into the account, we find but little reason to congratulate ourselves upon possessing an accurate knowledge of this class of sores, and feel disposed to refer all these minute distinctions and varieties to the person who is the subject of it: two facts, however, respecting this, the elevated sore, are clearly made out—that it is capable of producing a similar disease by inoculation, and that ulcers, similar both in their appearance and consequences, may be produced without breach of surface from diseased secretion only; but if theoretically these distinctions and niceties of shade in the same ulceration appear to me to be delusive and inconsequent, the practical distinctions which Mr. Evans has pointed in the different stages of ulceration, that is, the pustular, the ulcerative, the elevated or granulating, and the depressed or cicatrizing, are highly important in treating them; the notice taken, also, of general derangement of the health and constitutional disturbance, as precursory or accompanying symptoms, are also highly worthy of remark. It is by attention to these particulars, however apparently minute, that we are enabled to adapt our means of cure to particular conditions of local affection; that we now make the condition of the tongue and state of the pulse objects of inquiry; without, as was formerly too often the case, ordering mercurial frictions once or twice every day at least, whenever we met a breach of surface on any part of the male organs of generation. Mr. Evans also merits commendation on another account: there is no obscurity of language to be found in his work; he defines clearly the sense in which he applies his distinctive epithets; and if we do not always agree with him, at least that does not arise from mistaking his meaning.

From this sketch of Mr. Evans's labours, I must infer that all which he enables us to assume is, an answer to

our first question—that it is possible to ascertain clearly and distinctly certain forms of ulceration which are not the produce of impure connexion, and, moreover, that his observations go far to prove that sores not being so produced are not followed by constitutional affections. But in order to solve our third query we must proceed farther in our search, and examine the work of Mr. Carmichael, who professes to have traced several distinct morbid poisons to their source, and to point out also the consecutive symptoms belonging to each. The first edition of this gentleman's work was published in 1814, and the ground he then took up was certainly much more tenable than it is at present, since he there declares his belief that the specific ulcer to which he restricted his definition of syphilis, together with its peculiar consequences, that is, a scaly or leprous eruption, with affections of the periosteum and bones, could not be cured without mercury. But I do not understand how he can maintain the same proposition in 1825, when he admits that he is now convinced that this form of disease can also be cured by the same simple means which he recommends in other forms of these complaints.

But before I begin to comment upon Mr. Carmichael's opinions, it will be necessary just to call to your recollection his arrangement of venereal diseases, which he divides into four classes—the first of these being the most prevalent of all, and distinguished by an eruption of a papular character in its secondary stage, the primary symptoms being either a simple ulcer, without induration, elevated edges, or phagedena; secondly, a patchy excoriation of the glans, or a virulent gonorrhœa.

The second he calls the pustular venereal disease, from the appearance of the eruption; the primary sore is distinguished by a reddish brown surface, which borders closely on the phagedenic character; its edges are raised and well-defined; it is not excavated, but is either upon a level with the surrounding parts or raised above them.

Thirdly, that form of eruption attended with spots having less of the pustular character than the preceding class, and frequently accompanied with tubercles, terminating in ulcers covered with thick crusts, which extend with a phagedenic

margin, the primary ulcer being phagedenic.

The fourth, and last class, is the scaly venereal disease, to which alone he attaches the name of syphilis, and which he designates from the scaly eruption attending it: the primary ulcer of this class is the venereal chancre of Mr. Hunter. Bearing these distinctions in mind, I will now proceed with my remarks. It is strange that Mr. Carmichael, as well as Mr. Abernethy, should attempt to enlist Celsus on their side of the question; for, as I have more than once remarked, there is no dispute as to ulcers on the genitals, both arising from sexual connexion as well as without it, having always been known; and how, indeed, should it have been otherwise? But the disease to which I restrict the term syphilis, or venereal, if you please, is one wherein ulcerations on the parts of generation are followed by secondary symptoms; and the whole debate resolves itself so far into this—is each particular ulcer the fruit of a particular poison, or are these varieties the result of one only? There is one point in which I perfectly agree with Mr. Carmichael, I mean in condemning the terms syphiloidial, or false pox, or any other epithet by which diseases, either produced by mercury in a bad habit of body, or those in which the symptoms, either local or general, do not continue their progress according to our preconceived notions, are distinguished; but my views in so doing are different from those of Mr. Carmichael, my object being still farther to narrow the vocabulary he has employed, by acknowledging only one venereal disease; and I cannot see upon what grounds, or with what justice, he supposes that such terms are necessary to be used by those who admit of only one venereal poison; it is clear to me that such a belief is directly opposed to any such compromising epithets. Mr. Carmichael's opinions rest upon the twofold foundation of facts and arguments; and the first observation which I shall make refers to that defence of his doctrine which he derives from the unchanged and unchangeable properties of other eruptive diseases. These analogies I might perhaps be permitted to overlook, since it still remains to be proved that they are applicable to other forms of disease, and there is no just reason to be given why, because the small-

pox and cow-pock proceed always in one course, that therefore the venereal disease must do so likewise; but I will pass by this objection, and ask if it be really true that this exact uniformity is maintained in the instances thus adduced. Now, with regard to the cow-pock, any thing but uniformity is found, or why so many contests as to what is or is not a genuine pustule? Is it not notorious that a delay of one day only, by substituting matter for lymph, will derange the whole train of phenomena, and produce a disease neither similar in appearance nor equally powerful in its effects? In small-pox is there no difference between the confluent and distinct sorts? Suppose a person to whom the disease was totally unknown were first introduced to a patient labouring under the last stage of this loathsome distemper in its confluent form; the face and body bloated, and covered with black scabs; a horrible foetor issuing from the whole body; the eyes closed, and perhaps lost by suppuration; abscesses open in various parts; the sufferer delirious, and parched with fever in its severest form; and then let him contrast this spectacle with that of a person who has fifty or perhaps an hundred small pustules sprinkled over his body, with but trifling derangement of the general health, and no one other symptom denoting disease, and you would scarcely be able to persuade him that both these patients were labouring under one and the same disease; and yet nothing can be more true, nay, it is perfectly possible, that this very mild disease may have been directly propagated from an inoculation of the former. Now, between the papular eruption and the scaly eruption, as described by Mr. Carmichael, a greater degree of difference does not exist, for according to that gentleman's own account no small degree of attention is necessary to distinguish whether the scaly eruption has been so from the first, or whether it is only so in its last or desquamating stage; in other words, proving that it is only a distinction *quoad majus*, or *minus*. Having laid so much stress upon the invariable nature of the small-pox and cow-pock, I am sure you will be surprised at the following quotation, which, though long, is too important to omit. "All eruptions," says Mr. Carmichael, "venereal or not venereal, imperceptibly glide into those of the nearest character;

and it often happens that a practitioner can only determine the nature of the eruption for which he is called upon to prescribe by an attentive consideration of its progress. Thus the chicken-pock is often found (to the great perplexity of the profession of late) to contain pustules so large, and so closely resembling those of small-pox, that it is only by attending to the progress of the eruption, and perhaps to its termination, that one can be distinguished from the other. On the contrary, small-pox often exhibits so many papulæ and vesicles, or half-formed pustules, that the character of the disease is not very often distinguished even by the most experienced practitioner until its progress determines its nature. The common itch is a disease which exhibits three orders of eruption all at one time—pustules, vesicles, and papulæ; and yet the general character of the disease is so obvious, that almost any person can, without hesitation, decide upon its nature. In the same manner, venereal eruptions are sometimes observed to glide into those of the nearest character. Thus the papular eruption may exhibit a few pustules, which, like the pustular venereal eruption, form thin crusts, instead of ending in desquamation; but still the character of the disease is so apparent that there is not by any means the same degree of ambiguity which attends the variolous and varicellous diseases; and in the same way the pustular disease may exhibit papulæ among the pustules, to which the same observations may be applied.”

It is surely unnecessary for me to make any comments upon, or to point out, the errors of this passage. But let us look at other analogies: who is there who has not met with some of those melancholy cases of irritative fever, produced by the most trifling accidents, and has not witnessed the most marked and decided difference in the effects upon different individuals? for my own part, I have seen bleeding alone produce an ulcer, an attack of erysipelas, a sloughing sore, and in one instance a gangrene of the whole arm; and yet in those several instances there was no pretence for asserting a variety of poisons; there is only that vague term, a peculiarity of constitution, or condition of the system, to account for effects so apparently distinct. In mentioning a few of the varieties of ulceration on the ge-

nitals, Mr. Carmichael observes, that nothing can be more opposite from the commencement than the common chancre with its hardened base, like a piece of cartilage under the skin, and the sloughing ulcer; but in fact, we find upon examining the subsequent part of the work, that a pustule, or pimple, is the acknowledged origin of them all; and I cannot help thinking that this similarity in their commencement is not by any means a light argument in favour of my views. I would farther object to Mr. Carmichael's arrangement—that in speaking, for example, of what he calls the papular venereal disease, he ascribes it to no less than three separate forms of primary affection; first, a simple ulcer without induration, elevated edges, or phagedæna, but whose characters are not very remarkable; secondly, a patchy excoriation of the glans and prepuce; and thirdly, a gonorrhœa virulenta. Thus you perceive that he admits the same train of constitutional symptoms to arise from two different ulcers and a gonorrhœa; and why he should admit so much, and carry his belief to that extent and no farther, I cannot conceive.

Again we find that, according to Mr. Evans's opinion, Mr. Carmichael has subdivided what he calls the *venerola vulgaris*, or raised ulcer of the prepuce, unnecessarily; and farther observes, very pertinently, that in the indurated ulcer the peculiarities arise in fact from the state of the constitution inducing the erysipelatous instead of the phlegmonous inflammation; thus affording an explanation, or perhaps we may be allowed to say a refutation, of one of the distinct families of sore to which Mr. Carmichael has attached peculiar consequences. So far I object to that gentleman's reasonings. I shall now proceed to make a few comments upon his facts; but I have previously an observation to make, in answer to an objection which he has foreseen will be raised against his classification, and which he therefore endeavours to remove. “It may be objected,” he says, “to this classification, that the nature of the disease cannot be known until the eruption takes place; and on a loose computation, it may be regarded that nine cases out of ten of primary sores are not attended by constitutional symptoms; so that in a great majority of cases the disease has never arrived at

the stage for which it is indebted for its name. To this objection I reply, that the primary ulcers afford a less decisive means of determining the nature of the disease than the secondary; yet from their character, when unaltered by irritation or mercury, we may discriminate their nature with sufficient certainty to decide on the precise eruption they would produce in their secondary state." Now, how would the reputation of any surgeon stand in private practice who could not decide upon the nature of the disease until secondary symptoms occurred; and how often must it happen to him to be obliged to give an opinion when both common and mercurial irritation has assailed the primary sore? and therefore, whilst I admit the force of the objections Mr. Carmichael has himself raised, I do not think that he has urged any argument to remove them.

The first remark I shall make relative to the discrepancy between Mr. Carmichael's theory and facts is, that he does not always conform to his own definitions: he gives us an example of a phagedenic sore which is followed by those appearances which should attach to the raised ulcer; he admits that the papular and pustular diseases are sometimes mixed; in some of his phagedenic cases, we find that character has been given to the ulcer by the action of mercury; in still more of them, the original character of the sore is not preserved throughout, so that the form of secondary symptoms, which *ought* to succeed according to the classification, is very difficult to divine;—in short, he frequently departs from his own arrangement. His description of a phagedenic ulcer includes, unless I am much mistaken, two very distinct kinds of sore, and, in more than one instance, a phagedenic surface and elevated edges are united in the same description of ulcer. Nay, more, he tells us that occasional difficulty may be encountered in distinguishing the phagedenic ulcer from the other primary ulcers: it, however, displays its character of phagedena so early, that he thinks it cannot often be confounded with an ulcer that becomes phagedenic from irritation; and he adds, that neglect, local irritation, and even constitutional irritability, will cause *any* ulcer to become phagedenic. What, then, should prevent me from assuming that an early irritation may

produce an early change in the character of the sore?—and then what becomes of the distinctive phagedenic ulcer, and its appropriate, consecutive, constitutional symptoms? But, perhaps, the strongest objection that can be made to what this gentleman has advanced is to be found in the evidence of contemporary authors, who, as far as I have been able to collect their opinions, have in vain endeavoured to follow the classification Mr. Carmichael has laboured to introduce with any thing like constancy and regularity. Thus Mr. Henner remarks, that in fifteen cases of eruptions succeeding to the Hunterian sore, six were tubercular, five exanthematous, two pustular, &c. In seven cases where the eruption was accompanied with sore throat, three were exanthematous, two tubercular, and one papular, scaly, and tubercular, all united; and one was both tubercular and scaly. Again, we find Mr. Rose observing, that in several of his cases of papular eruption he could not trace any decidedly uniform character in the sores; and, in one instance, he considered the ulcer as a well-marked example of true chancre;—and, finally, Mr. Guthrie believes that the sloughing ulcer is but seldom followed by secondary symptoms, unless improperly interfered with; and is also directly opposed to Mr. Carmichael respecting the uniformity of the secondary symptoms consecutive upon the phagedenic ulcer. From the united experience of these and other practitioners, as well as from my own observation, it does not appear to me to be possible, at present, to form more than one or two general conclusions, the principal of which appear to be, that the papular is by far the most common form of all the eruptions met with in syphilis; that the sloughing sore, in its most acute form especially, is often unattended by any form of secondary symptom; and that the tubercular eruptions are very often the result of the inadequate exhibition of mercury.

I shall here beg leave to recapitulate the reasons that induce me to differ entirely with the views of Mr. Carmichael, to whose practical labours, however, I attach a very great degree of merit. His discrimination of many of those cases in which mercury is injurious, his general line of practice, especially his attention to the constitutional con-

dition of his patients, deserve great consideration; and I shall frequently have to speak of his treatise with warm approbation when detailing the treatment of particular symptoms. I recur to the grounds of my dissent. 1st. If we are to draw an inference in favour of a multiplicity of venereal poisons from the mere appearance of an ulcer, there seems to be no reason why we should not admit of twenty or thirty instead of four or five species of venereal poisons. 2dly. In the progress of an ulcer it has often been observed that, in consequence of local treatment only, its whole character has become changed, so that it shall answer the description of a totally different sore: are we to conclude, therefore, that the poison has the power of changing its character? 3dly. There is abundant proof that the same woman shall communicate an ulceration of a totally distinct character to different men: are we, then, called upon to believe that two or three different morbid poisons exist in the same person at the same time? 4thly. It has not unfrequently happened that a sore, supposed to be syphilitic, and healing under the influence of mercury, suddenly suspends the healing process, and a new action commences, giving a totally new character to the ulceration: this is evidently no effect of a particular poison, but is owing to a change in the habit of the patient. 5thly. It is often impossible to pronounce upon the specific nature of the local disease, until its character is confirmed and decided by the occurrence of its peculiar form of eruption, a circumstance alone sufficient to render this arrangement inapplicable to general purposes; and lastly, it is unphilosophical to seek for several causes to produce the same effect, when the phenomena are able to be explained in a much more simple manner.

Thus, then, I am led to conclude that in the present state of our knowledge we cannot give any satisfactory answer to my third query—that is to say, we are not able to trace, with certainty or regularity, distinct forms of constitutional affection to distinctly marked forms of primary ulceration; and this leads me to believe that there is one venereal poison only, and that the variations we observe in the symptoms, both locally and generally, arise from difference of habit, difference of treatment, perhaps from different stages and

conditions of the virus itself, and from many minute and undefined circumstances with which we are at present unacquainted. Moreover, it is equally clear to me, that if we are to restrict the employment of mercury to that sore in which all the characters of the Hunterian chancre are united, we should have very few opportunities of employing it at all, but should continue to be disgraced by a succession of secondary symptoms, which the more frequent and judicious employment of that medicine would most assuredly prevent.

Having thus discussed the history of syphilis, and considered the modern doctrines at some length, I shall proceed now to inquire into the nature and effects of the syphilitic virus, and endeavour to decide upon another much contested question—that of the identity of the poisons of gonorrhœa and lues.

[To be continued.]

ON THE OBJECT OF POST MORTEM EXAMINATIONS,

Being an Address delivered to the Pupils of Guy's Hospital, on the Opening of the Theatre of Morbid Anatomy, Jan. 1828,

BY DR. HODGKIN.

* * * * *

THOUGH it is needless for me to say any thing to enforce the importance of attention to morbid anatomy, since those whom I have now the honour of addressing, by their presence here, give proof that they are fully impressed with it, and are doubtless convinced that, while it affords the best, and in many instances the only test of our diagnosis, it is not less valuable in relation to the formation of therapeutical principles; yet it may not be inexpedient for me, before I proceed to explain the plan by which I hope not altogether to fail in discharging the duty allotted me, to call your attention to the objects which it is our place to observe in making *post mortem* examinations.

These objects admit of various modes of classification. On the present occasion I shall divide them according to the order of time, and shall commence by the most recent, under which head I

mean to include those changes which have been termed cadaveric. Phenomena of this kind may depend on gases exhaled, or developed in the tissues—on the permanent fluids, or on the solid parts of the body.

The first, or those of a gaseous nature, though they have hitherto been very much neglected, are by no means devoid of interest. On them depend not only the remarkable and often rapidly produced emphysematous state of the subject, but the odour exhaled by the bodies of the dead. That this smell is peculiar when death has been occasioned by some kinds of poison, as by prussic acid, for instance, is well known; and, though less frequently mentioned, it can scarcely have failed to attract the observation of those who are in the habit of attending inspections, that the smell present on these occasions is by no means uniform. This variety, though in part dependent on causes operating either on the body when dead or on the individual in the act of dying, ought doubtless, in some instances, to be referred to changes effected in the animal matter during life; hence, though strictly cadaveric, they will be found on investigation to possess a greater degree of pathological importance than has hitherto been assigned to them. Such, at least, is the conjecture which repeated observations have induced me to entertain. I am not aware that this subject has ever been made a special object of investigation; and though it is one in which numerous difficulties would be met with, amongst which the want of a definite nomenclature for odours would not be the least, still I would recommend it to the attention of those who have time to devote to it.

In the Preface to Dr. St. John's work on Chemical Nomenclature, published in 1788, there are some remarks which point to an object of great practical importance to be gained by an accurate discrimination of the odours exhaled by the bodies of the dead. As the work is but little known, an extract from it will not be uninteresting.

"I have sometimes observed," says the doctor, "a phenomenon to take place during the putrefaction of human bodies, and which I cannot but think of very great importance to be inquired into and known. This is the exhalation of a particular gas, which is the most active and dreadful of all corrosive poi-

sons, and produces most sudden and terrible effects upon a living creature. This I more than once had an opportunity of remarking in the dissecting-room of M. Andravi, at Paris. I know that the carbonic acid gas produced by the combustion of charcoal, from liquors in fermentation, and by the respiration of animals, as well as all other elastic fluids, except vital air, is incapable of sustaining life; but the aeriform fluid which is exhaled at certain times from animal bodies in putrefaction, is infinitely more noxious than any elastic fluid as yet discovered; for it is not only incapable of sustaining life in the absence of vital air, but is dreadfully deleterious, and does not at all seem to abate in its corrosive property even in the presence of the atmospheric fluid: so that it is utterly dangerous to approach a body in this state of putrefaction. I have known a gentleman who, by slightly touching the intestines of a human body beginning to liberate this corrosive gas, was affected with a violent inflammation, which, in a very short space of time, extended up almost the entire of his arm, producing an extensive ulcer of the most foul and frightful appearance, which continued for several months, and reduced him to a miserable state of emaciation. He then went to the South of France, but whether he died, or escaped with the loss of his arm, I have not been able to learn. This is only one example of many which I have seen. I have known a celebrated professor who was attacked with a violent inflammation of the nares and fauces, from which he with difficulty recovered, by stooping for an instant over a body which was beginning to give forth this deleterious fluid. It is happy for mankind that this particular stage of putrefaction continues but for a few hours; and what may appear very remarkable, this destructive gas is not very disagreeable in smell, and has nothing of that abominable and loathsome fetor produced by dead bodies in a less dangerous state of corruption, but has a certain smell totally peculiar to itself, by which it may be instantly discovered by any one that has ever smelt it before."

Though the doctor has doubtless exaggerated the deadly properties of the gas of which he speaks, and in one instance, at least, appears to have attributed to it effects which ought rather

to have been ascribed to contact with the viscera, I see no reason to dispute his accuracy in connecting a particular condition of the body, which renders it a source of danger to those engaged in the dissection of it, with the evolution of a gas of a peculiar and recognizable odour.

The cadaveric phenomenon dependent on the permanent fluids being more evident than those of the class of which I have just spoken, are consequently much better known. They are either dependent on the gravitation of the fluids, by which some parts are gorged, whilst others lose the portion which naturally belongs to them. As an example of the first, we may take the purple blotches so frequently to be seen on the backs of dead subjects; whilst the proverbial paleness of death is a familiar instance of the second. Or the fluids themselves undergo a change, of which an example may be found in the dark lines marking the course of subcutaneous veins, and which are produced by the transudation of the altered blood contained in these vessels.

The solids of the body are liable to no less remarkable phenomena, commencing long before putrefaction has had time to take place, nay even with the extinction of life, and undergoing a series of changes, modified by external circumstances, until entire decomposition, or the formation of a new and permanent substance, is effected. The source of vital heat being extinguished, the inert mass, more or less quickly, acquires the temperature of surrounding bodies; the muscles become rigid, though not always to the same degree, and continue in this state for a longer or shorter period, the duration of which appears to be in proportion to the rapidity with which it supervened: the longer the muscles have been acquiring their rigidity, and the later it commences, the longer they are likely to retain it.

The various tissues lose their power of resisting, if not of preventing, the transudation of the fluids. Hence the parts in the neighbourhood of the gall-bladder become tinged with bile, the coats of the blood-vessels stained by the blood which they contain, and sometimes, though more rarely, the mucous membrane of the intestines participates in the colour of the faecal matter.

If no precautions are taken to sus-

pend it, putrefaction advances, the soft parts of the body deliquesce, and generally acquire a dark colour, exhaling the odour peculiar to the decomposition of animal matter. This change, however, belongs to a much later period than that at which cadaveric inspections, except under very particular circumstances, are likely to be made.

My attention, however, has been repeatedly attracted by two very different states in which animal matter far advanced in putrefaction is to be met with. In the one the sulphuretted hydrogen, which probably proceeds from the decomposition of albumen, is insufferably offensive. The other is characterized by the copious evolution of ammonia, which at times seems to be totally unaccompanied by any adventitious smell. Nothing, to my knowledge, has been attempted, to ascertain the causes on which these two strikingly different states depend, and my own observations are scarcely sufficient to warrant my hazarding a conjecture. I have, however, repeatedly remarked that the production of the ammoniacal odour is accompanied by the presence of vast numbers of the larvæ of the *musca putrex*, or common meat-fly; and as albumen enters largely into the composition of these animals, I have thought it not improbable that their growth, at the expense of the decomposing substance, might be a wise provision of nature to obviate the production of a gas like sulphuretted hydrogen, at once deleterious and offensive.

When a sufficiency of moisture is supplied, and decomposition impeded by the exclusion of atmospheric air, the soft parts are converted into a substance having the characters of fatty matter, and known by the name of adipocere, in which state they may retain their original form to an almost indefinite period.

The bones exhibit few, if any, cadaveric changes, and, from their superior density, resist decomposition for a much longer time than any of the other tissues; but even these at length give way, not only in those cases in which bodies have been exposed, as is the custom in the present day, to causes which favour their decay, but even where much care and art have been spent in the attempt to prevent it. I saw a striking proof of this at the opening of a mummy presented to the Museum of Natural His-

tory in Edinburgh. The catacombs in which it had been found were those to which the highest antiquity is attributed. Hence it is by no means improbable that the individual of whose remains this mummy consisted had been dead full three thousand years. Although the atmospheric influence was to a great degree excluded by a very strong case, and by numerous layers of linen closely wound round the body—and notwithstanding that decomposition was still further opposed by abundance of antiseptic drugs—not merely the soft parts had crumbled to powder, but the bones, though still retaining their form, were passing into the same state, and several had already lost part of their extremities.

The phenomena of which I have next to speak constitute the class with which it is the most important that the morbid anatomist should be intimately and practically acquainted: in fact they form the principal object of research with those who undertake the inspection of the dead.

You will doubtless have anticipated me when I say that I now allude to the phenomena which are in immediate relation to the death and last illness of the subject. The greater number of these are the result of a pathological state, with the essence of which we are still by no means well acquainted. They are the product of inflammation. Whilst, however, a very large number of morbid appearances are justly to be attributed to this cause, too much care and attention cannot be paid to discriminate between these and a similar, but in their nature very distinct, order of appearances, which owe their origin to congestion. This discrimination is at no time more important than in the investigation of the pathological condition of the brain, and of the mucous membrane of the air passages and alimentary canal.

The want of a due attention to this distinction has doubtless led into numerous errors the ultra-partizans of a new medical sect, which, whilst it must be admitted to have done much for the cultivation of pathology, has become almost as exclusive as it is arrogant and conceited. The devoted disciples of the *soi-disant* physiological doctrine will see nothing but inflammation, and see inflammation everywhere.

Amongst the morbid appearances be-

longing to the class of which we are now speaking, serous effusions (of which very large collections are frequently met with) possess a character too distinct and remarkable not to have a separate order assigned to them. They must, however, be considered as constituting two very distinct divisions.

Many we must agree with Blackall and Geromini in considering as of an active character, and consequently allied to phenomena dependant on inflammation; whilst others are still regarded as possessing that passive and asthenic nature ascribed by the older authors to most of these effusions, and which allies them more nearly to the order of congestions.

Sanguineous effusions or hæmorrhages, which constitute another order of this class, are subject to a similar division with the preceding.

To the morbid appearances which I have now mentioned, must be added the preternatural softening and hardening of the different tissues, respecting the nature of which I shall not now attempt to offer an opinion. By many they are considered as the result of inflammation.

In the last order of this class I would place those causes of death which consist either of solutions, of continuity, or of displacement, and which depend on violence done to some organ or organs, either from internal or external causes. As examples of these I may mention rupture of the heart or large vessels, intussusceptions, fractures of the cranium and vertebræ, &c. &c.

In the next place we may consider the important class of adventitious structures; since, though the fatal tendency of many of them very naturally connects them with the class of which we have just been speaking, the length of time which they may often exist with comparatively little derangement of the health, and which, consequently, allows of life being terminated by some other cause, will necessarily connect them with the succeeding class.

The adventitious tissues have been divided, by a very distinguished pathological anatomist, into the *analogue*, or those which resemble tissues naturally existing in the body; and the *heterologue*, in which the structure is altogether new. The latter is by far the more important, comprising scrofulous tubercle, scirrhus, cancer, fungus hæ-

matodes, the encephaloid tumor, melanosis, and cirrhosis.

In the fourth class we may place the result of chronic diseases not included in the preceding class, and not immediately connected with the cause of death, and also those appearances which owe their origin to diseases no longer existing, but which have left the permanent traces of their influence in the structure of the parts which they affected.

The detection of morbid appearances belonging to the first of these orders would throw light on the symptoms which may have accompanied the latter period of the individual's life, and illustrate the pathology of a troublesome and obstinate class of diseases.

A careful investigation of those of the second order will teach us the extent to which the human frame is capable of repairing the breaches which it may have sustained; and, in shewing us the mode in which these reparations are effected, may afford us important hints in our attempts to direct the progress of disease.

The fifth class, which in their origin carry us back to the earliest periods of life, comprise a set of morbid or anomalous appearances of which we cannot expect to meet with many examples in hospital inspections; they are, however, too important and interesting to allow me to pass them over without offering a few general remarks respecting them.

Of these appearances, which are designated by the terms *malformation*, *lusus naturæ*, or *monstrosity*, a very few not being incompatible with the life of the individual in a state of separate existence, and occasionally claiming the attention of the surgeon, possess an interest immediately connected with practice, besides that which belongs to them in common with other cases included in this class: such are the hare-lip and cleft palate. Others, and these are by no means numerous, though they allow the prolongation of life beyond the term of foetal existence, materially disturb the functions, and occasion symptoms, which, although not within the reach of our remedies, it is, nevertheless, desirable to refer to their real causes. Examples of this kind are met with in the sanguiferous, and perhaps also in the nervous system. Others, again, productive of no notable

effect during life, remain unsuspected until accidentally brought to light in the course of cadaveric inspection: of this kind are intestinal appendices—the distinct termination of the pancreatic and common gall ducts—the persistence of supernumerary ribs, &c.

Far the greater number of malformations, and those which exhibit the most considerable deviation from the normal condition, are only met with in the foetal state.

The investigation of these is too apt to be regarded as productive only of loss of time, and of vain and useless speculation.

It is to combat this erroneous opinion that I am induced to dwell the longer on this subject on the present occasion.

It has been remarked by Tiedmann—“Every man of reflection—every man who does not think that it is the only, or even the chief object of anatomy to describe organs, to expose their structure, and to draw conclusions applicable to medicine and surgery—will be convinced that it can only attain to the rank of a true science when it shall have made known the history of the formation of the animal body, and the laws which preside over this formation. Now a knowledge of this kind can be acquired in no other way than by the anatomy of inferior animals and of the foetus, which alone unveils to us the curious fact of the gradual multiplication of organs, of their development, of their progressive complication, and of their degree of importance in relation to life.”

For the elucidation of the subject to which Professor Tiedmann has alluded in the preceding passage, the anomalous formations which we are now considering appear to be quite as important as the phenomena presented by the perfectly normal development of the foetus. Meckel, who has paid more attention to this subject than any other individual, makes the following strong, but perhaps not untrue, assertion:—“That original malformations are more interesting than most of the changes in structure and deviations in form which take place during life, will scarcely be denied, except by teachers without originality, or the students they mislead, who estimate the value of a study by the extent of pecuniary advantage they may expect to derive from it, rather than its scientific tendency, and the degree of

influence it is calculated to exert over other studies."

It can scarcely escape the observation even of those who have had but little opportunity or inclination to acquire a knowledge of comparative anatomy, that a certain degree of similarity may be noticed in the structure of a great variety of animals; even amongst those which at first sight appear extremely different.

To illustrate this position I will call your attention to the upper extremities of man. The extensive motion of which they are susceptible, their antagonism, and, above all, their termination in the hands—instruments endowed with the most delicate sense of touch, and so wonderfully adapted for every variety of prehension that by some they have been regarded as the chief cause of man's superiority—might seem to place these limbs above all comparison with the superior or anterior extremities of inferior animals. A slight examination of their skeletons will, however, suffice to convince us that, in the mammalia at least, the formation of these organs may be referred to the same plan, and that, by a regular and almost uninterrupted series of degradations, the human hand and arm may be connected with the fore-legs of the horse, though these are possessed of motions so much less various, and terminate so much more simply; and with the short and fin-like paddles of the cetacea.

I will endeavour to make good this assertion by a hasty survey of the first example which I have mentioned, viz. that of the fore-legs of the horse.

In some of the quadrumana, or monkey tribe, we have nearly, if not quite, the same extent of motion, and the same power of prehension, as in man himself; but the sense of touch is far inferior. We find a perfect clavicle, a humerus and radius admitting of pronation and supination, and a thumb more or less capable of being brought into apposition to the other phalanges. From the quadrumana we may proceed to the rodentia: in one of these, the Aye aye, or *Cheiromys*, a little nocturnal animal of Madagascar, we find not only the clavicle and the fore-arm capable of pronation and supination, but also an extremity, whose slender phalanges bear no small resemblance to the hand, from which circumstance the name of the

animal is derived. In the squirrels this similarity is much diminished; and proceeding to the rabbit, we find the clavicle reduced to a mere rudiment; the motions of the fore-arm are much more limited, and though the division of the extremity is still preserved, the power of prehension is absent.

From this last division of the rodentia we may pass to the reuminantia. In these we find no trace of clavicle, and no rotatory motion of the fore-arm; this, however, consists of two bones. In the ulna, though ankylosed to the radius, it is impossible not to recognise the olecranon and the sigmoid cavity. To the radius succeeds a carpus, of which the bones, though numerous, are fewer than in man. The metacarpus is obviously composed originally of two bones, which are ankylosed together at an early period, and only two phalanges are developed to complete the extremity. Yet in the camel, even these retain some resemblance to the claws of the animals which we have left, and form a step which conducts us to the cloven hoof of the more completely digitigrade animals of this order—such as the deer and the antelope. From the fore-leg of these animals to that of the horse the transition is easy and obvious—we see rudimentary bones in the metacarpus, but the extremity terminates in single digital bones.

The analogy, however, is by no means limited to the mammalia. Quitting them by the order cheiropthera, of which the bats compose the principal number, we have an easy transition to the wings of birds, some of which possess a horny appendage somewhat allied to the human nails. We find ourselves at length arrived at the extreme point of degradation observable in this class, in the wings of the cassowary and penguin.

In many of the reptilia the resemblance reappears in a manner too striking to require pointing out. The hand-like extremity of the fore-leg of the frog must be familiar to you all. An Italian cook, who once dressed for my supper some of these animals, which he called *pesce que cantano*, or fish that sing, said that sympathy prevented him from eating them himself, such was the resemblance which he thought they bore to man. It is, however, in the class reptilia that we first meet with animals in which these organs are

wholly wanting. From serpents we are naturally conducted to fishes, in which it seems in vain that we should look for any analogy to the human arm and hand.

The degree of similarity which I have endeavoured to point out as existing in the anterior or superior extremities of all vertebrated animals possessed of such organs, and which warrants us in referring them to one general model or type, is equally remarkable in other organs, and is especially worthy of notice in the viscera. In some of these the chain may be carried many links further. Instead of limiting ourselves to the vertebrated animals we may even descend to those which exhibit the lowest forms of life.

It is on these resemblances, traced out with respect not merely to particular organs but to their combination in the composition of an individual, that some philosophical anatomists of modern times have founded the doctrine of analogies, and of an unity of plan pervading the whole animal kingdom.

This doctrine, in itself extremely beautiful, and even sublime, and which affords a happy explanation of many remarkable phenomena in the organization of animals, would be liable to no objection had its advocates been always content to ascend from well-observed facts to conclusions carefully and legitimately deduced. Thus far it is admitted, and supported by one whom the opportunities which he has enjoyed, and the extraordinary talents which have enabled him to turn them to the utmost profit, justly place at the head of all natural historians,—by Cuvier, with respect to whom, in this department, there is no one “major, similis, aut secundus.” It has happened, however, very unfortunately for this doctrine, that several amongst those who have been the warmest in its support, and the most active in collecting facts relating to it, have attempted to pursue the subject in the descending line, and to proceed from supposed principles, which, in the present state of our knowledge, must unavoidably belong to the domain of the imagination, and which in some instances have been deduced from abstractions wholly foreign to the animal kingdom; from such principles, I say, they have attempted to descend to particulars, in doing which they have

fallen into absurdities with which the doctrine itself has been unjustly reproached. You will have some idea of the hallucinations of the transcendental anatomists, when I tell you, that in some way or other they have attempted to shew a similarity between an individual animal and the globe which we inhabit, if not the universe itself; that in certain parts of the body, as, for example, in the head, they see reproduced the type of the whole body, the arms reappearing in the zygomatic arches, and the legs in the lower jaw.

Some who have kept clear of absurdities of this kind, whose talents and acquirements command admiration, and who by the benefits which they have conferred on science are justly entitled to lasting praise, have, in the zeal with which they have sought analogies, pointed out resemblances which it is difficult not to consider as forced.

One, in drawing the parallel between the two extremities of the body, has made the testes the counterpart of the brain, and the corpora cavernosa that of the tongue.

Another has compared the ear to a bulb of hair, and a third has taught that the small bones of the ear are analogous to the bones of the opercula, or gill-plates of fishes.

You will, I trust, pardon this long digression, which appeared necessary before I could make myself intelligible to those who may not have turned their attention to the doctrine of analogies.

We will now return to our subject, and endeavour to shew the importance of the investigation of monstrosities, in reference to the doctrine at which we have taken a glance.

In ascending from the lowest forms of animal life to the most perfect, we observe a gradual development and increase of parts, and this we also observe to be most marked and regular in the most important organs, such as those of sensation and circulation. We observe, too, that in different classes of animals the development of these organs has attained to a particular stage which becomes characteristic of that particular class. Thus in insects the organ corresponding to the heart is a mere elongated tube, known by the name of the dorsal vessel. In most of the molusca, and in fish, in which animals the blood is propelled by the

same impulse in the greater or aortic, and in the less or pulmonary circulation, we find the heart to consist essentially of one auricle and one ventricle; the first to receive,---in which the centripetal motion terminates; the latter to distribute the circulating fluid, and consequently commencing the centrifugal motion. In the molusca we find variations in the application of this principle, but these are points which it is needless here to dwell upon.

The batrachian reptiles exhibit a tendency to the separation of the auricle into two cavities, and in the higher divisions of reptiles we find the organ still further perfected. In these, two distinct auricles and a ventricle, possessing a septum nearly complete, conduct us, by an easy transition, to the double hearts of birds and the mammalia, both of which, as you know, are possessed of a complete double circulation.

Now in the human embryo, as well as in those of the more perfect animals, the heart in the progress of its development exhibits those forms which are permanent with the inferior animals. It would seem, however, that in proportion to the high degree of development to be ultimately attained to, is the rapidity of those changes by which the inferior animals are represented; consequently the small size of the embryo, and the delicacy of its structure, render the examination extremely difficult.

It is in this difficulty that we are helped by the examination of cases of monstrosity, for it appears that many of these depend on the suspension of development at particular stages. The growth of the organ not being suspended with the suspension of its development, it at length comes under examination of a size and texture much more favourable to correct observation.

In the malformations of the human heart, the organ which I have adduced by way of example, we find, though very rarely, a rudimental form analogous to the dorsal vessel of insects. The instances are somewhat more frequent in which the structure of the fish and the batrachian reptile is preserved; but a degree of development extremely analogous to that of the Saurian reptiles, of which lizards and crocodiles are examples, is by no means uncommon.

Besides these monstrosities which illustrate the development of organs by

passing through stages characteristic of inferior classes of animals, another description of malformation carries us back to an extremely early period of existence, in which the embryos of man, and other symmetrical animals, consist of two lateral and perfectly correspondent halves, which are subsequently united. This union may be irregularly effected. It may take place imperfectly, as we see in hare-lip; in the division of the nose, which I have seen in the dog, though never in the human subject; in cleft palate and uvula; in bifid enseform cartilage; in bifid penis or double uterus; and in spina bifida; or it may be excessive. I have frequently seen the eyes coalesced into one, forming a true cyclops. Imperforate anus and vagina are perhaps instances referable to the same head; the most remarkable example of which is perhaps to be met with in the union of the legs, by which they form an extremity somewhat resembling the tail of a fish.

Other cases of monstrosity appear to depend on more mechanical causes, such as the preternatural shortness of the umbilical cord. Of these and some other forms I shall say nothing at present, having, I trust, already advanced enough to prove the interest which I have ascribed to the class of malformations, and to render it needless that I should urge such of you as a zealous attention to the practice of midwifery may furnish with the means of pursuing the subject, by no means to neglect the opportunities of doing so.

The class just described, viz. that of monstrosities, is the last in the arrangement which I have employed in the review which I have been taking. I wish it to be understood that I do not bring forward this arrangement with any idea of its being calculated either for a nosological system or for the classification of specimens in a museum, but merely as presenting the most natural order in which I could bring under your consideration the numerous objects which the examination of the bodies of the dead is capable of affording.

I have already trespassed so long on your time, that but few minutes remain for me again to advert to the means which I would fain hope may conduce to render the inspections to be made on this table really advantageous to those whose zeal prompts them to come to

this theatre—the first, I believe, which has been constructed specially for the purpose to which it is devoted.

The objects which we shall have to attend to, will, of course, be chiefly those phenomena which I have mentioned as forming the second, third, and fourth classes. Much of their interest and practical utility will manifestly be lost if we have not the means of connecting the morbid changes with the symptoms which they may have occasioned during life. I shall use my best endeavours that, in those cases which more particularly require my attention, this defect may be as small as possible: I am, however, fully aware that, were it to depend on myself alone, it would be far beyond my power, could I spend more time in the wards than I can reasonably expect to do, to become so intimately acquainted with every case that, in the event of its terminating fatally, the loss of which I have been speaking would not be sensibly felt.

Let me, then, for your common and mutual advantage, once more recommend the measure which I have pointed out on a former occasion—namely, that the pupils, and more especially those who are attached to the physician's practice, should enter into a combination which should enable them, by a division of labour, to draw up histories, if not of all, at least of the most interesting cases. The adoption of such a plan may probably lead some of you to distinction, whilst it will certainly prove advantageous to all. Nor can I for one moment doubt that, at the close of the present clinical course, many will prove the happy effects of industry, under good tuition, by their competence ably to perform the task which I have described. Should you be induced, by what I have said, to act on this suggestion, I shall be most happy to co-operate with you in the undertaking.

Before I conclude I feel it necessary, in order to conciliate your lenity in passing judgment on the mode in which I may execute the task assigned me, to make one remark on the operation of inspection, and on the extent of verbal demonstration with which it may be accompanied. You must all of you have observed, and many of you experienced, that the operation, at times, requires the exertion of considerable physical strength—that the state of the parts

occasionally requires much caution as to the mode of their exposure or removal; and, at times, no small nicety of dissection. Any of these causes would afford, to a speaker far more fluent than myself, good grounds for indulgence, or even excuse, for his remarks not assuming the form of a continued discourse.

To many of those who may be present, the minute notice of appearances almost daily presenting themselves would be only a tedious repetition; and, on the other hand, to pass them over in silence would be an act of injustice to those who come here for the purpose of imbibing their first practical notions of morbid anatomy. I see no better mode in which I can obviate this inconvenience, than by inviting those of the latter class to visit the museum on the days on which it will be open for the inspection of the pupils, when I shall feel a pleasure in meeting them, and, as far as I may be able, affording those explanations which they may have found necessary.

I shall probably, on another opportunity, solicit your attention to a few hints on the steps and precautions to be taken in the conducting of post mortem inspections: for the present I shall conclude by assuring you that it will be my constant aim, whether I may be fortunate enough to reach the mark or not, to co-operate with those who are strenuously endeavouring to render the school of Guy's Hospital the first medical school in the kingdom.

REMOVAL OF THE CLAVICLE.

WE have been favoured by Mr. Travers with the following interesting communication, consisting of a letter from Dr. Valentine Mott to his friend in Paris:—

Paris, August 26, 1828.

DEAR SIR,

I send you inclosed the letter of Professor Mott, of which I made mention to you in London: it contains the history of the operation for removing the clavicle. The disease requiring this operation was osteo-sarcoma of two years standing, and originated from a blow on the shoulder. The details of

this case will in a short time appear in some of the American journals. The inclosed letter is at your disposal.

With much respect, I remain,
Your humble servant,
D. L. ROGERS.

Mr. Travers, No. 12, Bruton-
street, London.

New York, June 30,
11 P.M. 1828.

MY DEAR DOCTOR,

One word, though at a late hour. The agony is over, my great operation is completed, and the patient, I believe, will recover. It is the most tremendous case I have any knowledge of—the most dangerous and difficult operation I have ever performed, or seen performed by any surgeon.

The incisions extended from the articulation at the sternum to the top of the shoulder, in a semicircular direction; below, the dissection, to get under the tumor, was on a line with the fourth rib; above, in a direction to the top of the shoulder, an inch below the thyroid cartilage and base of the jaw, and terminated at the same point with the first. The tumor, of a bony character, was in contact with the coracoid process, insomuch that I was obliged to saw it through near the acromion scapulæ. Below, the vein was imbedded in the tumor, from the coracoid process to the scalenus anticus. Then my attention was directed to separating the tumor from the deep-seated fascia of the neck; to protect the deep seated jugular and thoracic duct, the operation, you know, being on the left shoulder. It was a bloody operation—fully thirty vessels were tied.

Wherever you go, you may say that this is a great operation, and challenge any one to equal it.

Believe me to be, as ever,

Yours faithfully,

VALENTINE MOTT.

Dr. D. L. Rogers.

METHOD OF PREVENTING THE EVAPORATION OF SPIRITS.

*To the Editor of the London Medical
Gazette.*

SIR,

SHOULD you deem the following facts

worthy of notice, I shall be obliged by your inserting them in your Gazette.

Being engaged in the beginning of March, 1828, in repairing to some anatomical preparations the loss of spirit caused by evaporation, I was led to consider how such loss might be best prevented. After reflecting some time on the various ways employed to prevent the evaporation of the spirit, I was induced to think that a thin layer of oil poured on the surface of the fluid might effect the purpose; but previous to putting up any preparation in this way, I thought it would be preferable to see whether it had the power of preventing evaporation. Accordingly, into each of two circular glass vessels, the diameter of whose evaporating surfaces was one inch and a half, I poured 3ss. of rectified spirit, and the same quantity of water; *i. e.* 3j. of proof spirit. Over the surface of one I poured a thin layer of almond oil; I then placed both vessels in a room the temperature of which ranged from 60 to 70 Fahr. In less than a week rather more than half the fluid was gone from the vessel in which there was no oil: in less than three weeks it had entirely disappeared. The other, which was covered with the oil, was not at all affected. At the time of writing this, it has not perceptibly decreased, nor is its clearness at all diminished.

I have not yet put up any preparations after this manner, but I have ascertained that though, by excessive shaking, which, by the way, no preparation should, or is subjected to, the layer may be detached into globules, yet they will coalesce as before immediately on the agitation of the fluid subsiding. I have likewise ascertained that the globules are not at all liable to fix themselves to the preparation, and by that means spoil it.

That oil prevents the evaporation of spirit there is, I think, no doubt; and if no material objections are raised against its employment in the way I have mentioned, there will be a great saving both of expense and trouble in the putting up of wet preparations.

I remain,

Your obedient servant,

J. S.

Leeds, August 26.

CAMBRIDGE DEGREES.

To the Editor of the London Medical Gazette.

SIR,

THE Medical and Physical Journal of the 1st September contains a letter, signed JUSTUS, which comments on some observations of mine in the preceding Number accompanying the copies of the examination for the degree of M.B. at Cambridge.

I am well acquainted with the discipline of that University, and with the medical examinations during the last eight years, and also with the system pursued at Edinburgh and in London; and not ignorant of the nature of the medical examinations in the other capital cities of Europe. The charge, therefore, of ignorance of the subject falls to the ground.

I have now, therefore, to refer to the other charge—the only alternative left me by JUSTUS—of being “uncandid.”

I repeat I am well acquainted with the University and its institutions: it is the first time I have ever heard “that many of the most difficult questions were not expected to be answered at all;” and from my personal knowledge I can aver that the assertion is not correct.

The examination is a *bonâ fide* examination—as much so as that in Edinburgh or in London; and the best proof of this is, that candidates are not unfrequently rejected from the very circumstance of not answering questions which JUSTUS would make us believe were only *pro formâ*: I am acquainted with instances of such rejection.

In every examination, whether at Edinburgh or in London, a candidate is not rejected if he answers, either imperfectly or not at all, one or two out of many questions, unless such questions are so easy as to make ignorance of them quite disgraceful: in the same manner, at Cambridge, a man would not be rejected for not answering a difficult question as to a process in pharmacy, or an equivalent number in chemistry, although his ready answer to such questions would give a very favourable idea of the way in which he had employed his time, in addition to his knowledge on other subjects more immediately applying to medical science.

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JUSTUS observes—“a printed list of all the questions are given him on his admission, and by subsequent reference or study he may become capable of understanding the whole.” Not one word of this do I comprehend, for not one word of it is correct. The candidate has no knowledge whatever of the questions to be put to him previous to his entering the examination room—except that he is to have questions in anatomy, physiology, practice of physic, pharmacy, and chemistry, with portions of Hippocrates and Celsus for translation. It is needless to observe, that neither in the schools nor in the professors’ rooms, where these examinations are conducted, are there any means of reference whatever.

There is an insinuation if possible still more incorrect than these gross mis-statements; viz. “that these questions are selected that, by their subsequent publication, the importance of a university education may be inferred from the difficult examination which the candidates are hastily supposed to have passed.”

The simple fact that these examinations have been instituted at least eight years—that the questions have until lately not even been printed, and never till last year, I believe, published, until I sent them to the Medical and Physical Journal, is the best answer to such an observation. I need hardly observe that were there the slightest foundation for such an observation it would stamp the character of Professor Haviland with obloquy, (a name above reproach) and taint even that of the University.

I have then, sir, only to repeat that the examination is a *bonâ fide* examination; that the questions are expected to be answered; and that if the majority are not answered—aye, and well too—the candidate is not admitted to his degree.

I retract therefore, sir, not one word contained in my first letter; and if it be necessary I can bring forward men of the highest character and honour—members of the university—who, like myself, have personal knowledge of these facts, who are ready to give their testimony to that statement being essentially correct.

I am, Sir,
Your obedient servant,
VERAX,

2 F

MEMOIR ON ANEURISMS

Caused by Fractures and Gun-shot Wounds; and on their Treatment, according to the method of Ariel.

BY M. DUPUYTREN.

AMONGST those serious accidents which are liable to accompany fractures and gun-shot wounds, the tearing of a principal artery and the consequent effusion of blood, presenting the characters of an aneurismal tumor, form a complication which not only compromises the safety of the limb but also the life of the patient; and which, according to the practice hitherto in use, presents no other resource than amputation, with all its risks and consequences. In reflecting on the frequency and variety of fractures and wounds, it is evident that these aneurisms must be very common; nevertheless, authors scarcely contain any examples of the kind, either owing to their being in reality more rare than might be supposed, or, what is more probable, because attention must be awakened especially to this point in order that our observation may be directed to phenomena otherwise sufficiently striking. M. Dupuytren has only found one instance of this complication in authors; it is reported by Petit, who, in a fracture of the tibia, without any external wound, perceiving a large ecchymosis spread over the whole leg and foot, whilst at the same time these parts became cold and of a dark colour, thought that the artery (probably the anterior tibial) was opened; he therefore made an incision which laid the vessel bare, and stopped the hæmorrhage, but he does not say by what means. From this solitary example, which is defective in many important particulars, authors have generally repeated the fact of aneurism being an occasional complication of fracture or gun-shot wound, but without adducing any farther instances. After having observed that all writers agree in recommending amputation of the affected limb, M. Dupuytren relates three cases which occurred when Pelletan was surgeon in chief of the Hôtel Dieu. In the first there was a simple fracture of the left leg; a general swelling of the limb shewed itself from the beginning, and continued to increase, but without any alteration of the colour of the skin. On the 26th day an incision was made in the centre of the swelling, and gave

issue to some clots of blood at first, and afterwards to a jet of arterial blood, which was arrested by pressing the femoral artery; the thigh was then amputated, and the patient recovered; the source of the hæmorrhage was not ascertained. In the second case the fracture was also in the left leg: up to the fifteenth day nothing particular had been remarked;—at that period the patient complained of pain in the calf of the leg; they persisted, and on the thirtieth day a tumefaction was perceived at the middle part of the leg of a shining appearance and bluish colour. Soon afterwards all the characteristic marks of aneurism were perceived, and the swelling continuing to increase, the amputation of the thigh was performed, in spite of the patient's weakness. Dissection of the limb shewed an aneurismal pouch consecutive to the lesion of the peroneal artery, which had been torn by fragments of the fibula. The patient died of pneumonia forty-six days after the accident. In the third case there was also a fracture of the left leg, but accompanied by a wound, which gave issue every day to a greater or less quantity of blood: however, the consolidation of the fracture was completed the seventy-sixth day, when on a sudden a hæmorrhage, attended with an enormous tumefaction of the leg, came on. The wound was enlarged, plugged, and the following day amputation above the knee was performed. The patient died the seventeenth day after the operation. Dissection of the limb shewed the anterior tibial artery pierced by five or six openings, and the fractured bones united.

Thus in three cases amputation had only once succeeded, a circumstance that ought to induce practitioners to avoid it, more especially since not above a fourth of those who have suffered amputation of the principal members recover. It is matter of astonishment that in these cases ligature of the trunk of the wounded artery has not been resorted to; it was a case similar to the above that induced M. Dupuytren to depart from the ordinary routine, and to give the patient a chance of saving his limb.

CASE.—On the 2d January, 1809, a woman, 62 years of age, made a slip in running along the street, fell, and fractured her left leg. When brought to the Hôtel Dieu on the following day,

M. Dupuytren, wishing to reduce the fracture, discovered in the calf of the leg a regular pulsation, sensible both to the touch and sight, isochronous with the contractions of the pulse, and which ceased when pressure was made on the femoral artery. These symptoms demonstrating the existence of an aneurism, caused without doubt by the rupture of one of the arteries by the fragments of the broken bone, M. Dupuytren thought that the ligature of the artery of the limb would be preferable to amputation. Independently of the cessation of the growth of the tumor, the ligature would prevent the necessity of exposing the seat of the fracture itself to inflammation and suppuration. In consequence of these reflections the femoral artery was tied in the middle of the thigh; the heat and sensibility of the limb were not for a moment interrupted. From the fifth day the tumor sensibly decreased; the ligature came away on the 15th day; the formation of the callus took place slowly, doubtless because the source of nutrition was in a great measure interrupted; it was scarcely formed at the end of the second month, but it was perfectly consolidated at the end of the fourth, when the patient quitted the hospital cured.

A similar instance was observed in 1815 by M. Delpech, who relates it in his *Clinical Surgery*. These two examples put the following principle beyond all doubt—viz. that the rupture of the arteries of a limb, caused by the fragments of a broken bone, may be cured by the ligature of the artery above the disease, even when this rupture is accompanied by an aneurismal tumor. Was it possible to conclude from the above cases, in which the skin was whole, that the same success might be obtained if the skin was torn, and the seat of the fracture in communication with the external air? It rests now to demonstrate that gun-shot wounds, complicated with aneurism, do not require amputation more than fractures complicated with that accident, and that they may also be cured by the ligature of the principal artery of the limb. M. Dupuytren calls in the aid of facts to prove this position.

CASE.—M. De Gombaut, Chef d'Escadron, received in February 1818 a wound from a pistol ball, which passed through the upper part of the right leg, from before backwards, and from

without inwards, passing between the tibia and fibula, which last it slightly injured. A very violent hæmorrhage occurred at the time of the accident: a strong compression made upon both the wounds arrested it, and, assisted by the tourniquet applied to the thigh, no fresh hæmorrhage outwards was perceived till the third day: from that time it was renewed at intervals, and the tumefaction of the limb, as well as the pulsation, continued augmenting more and more, and MM. Aumont and Depres, who attended the patient, called M. Dupuytren in consultation.

The foot and the leg were violet-coloured, swollen and cold. At the upper part of the leg there was a tumefaction, accompanied by tension, and a pulsation isochronous with those of the heart. Upon this tumor were seen two openings with unequal edges, closed within a few hours only by clots of blood, which each pulsation appeared to raise up and to threaten to detach. Every thing proved that the ball had pierced one or more arterial trunks; it was evidently impossible to tie the wounded vessels. Amputation appeared the readiest resource to MM. Aumont and Depres, but M. Dupuytren proposed the ligature of the femoral artery, there being a possibility of recurring afterwards to amputation if the condition of the patient became worse. The operation was immediately performed, and had the happiest results. The ligature came away on the 20th day. During this time the wound of the leg discharged the blood little by little; some portions of the clothing and pieces of bone were brought away by the suppuration, and three months after the accident M. Gombaut walked as well as ever.—*Archives Générales, July.*

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

A Practical and Pathological Inquiry into the Sources and Effects of Derangements of the Digestive Organs, embracing Dejection, and some other Affections of the Mind. By W. COOKE, Member of the Royal College of Surgeons, Secretary to the

Hunterian Society, Editor of an Abridgment of Morgagni, &c. London, 1828.

"It requires," says Mr. Cooke, "some resolution to issue another treatise on diseases of the digestive organs," and truly it requires also some little resolution on the part of the critic to encounter the task of reviewing so numerous an issue, begotten too often for the mere pleasure and profit of the father.

Our author, in a sensible and modest preface, announces the object of the present publication, which appears to be two-fold. In the first place to shew how far the digestive functions are secondarily affected in consequence of disease of the head or of remoter parts—diseases which are liable to be disregarded when the mind is strongly imbued with the notion of the digestive organs being always primarily affected; and, in the second place, avoiding generalization, to exhibit disease as it really occurs, modified by complication as well as by constitutional peculiarity. This is the great distinction between Mr. Cooke and other writers upon this popular subject. Instead of attributing all cases of dyspepsia to the liver, or to the duodenum, according to the favourite doctrines of certain practitioners, he is inclined to the belief that derangement in the functions or organization of any one of the viscera may give rise to dyspepsia, which will form the most prominent feature of the case, and mask, as it were, the original lesion. In conformity to this plan, the work is divided into two parts.

1st. On the various sources of dyspeptic symptoms.

2dly. On the effects produced on remote parts of the body and on the mind, by derangements of the digestive organs.

Part 1st.—Mr. Cooke commences this portion of his volume by observing that the term dyspepsia is associated with too limited views, both as to the nature and treatment of the disease, its symptoms being multifarious, and not unfrequently exhibiting remarkable contrarieties; hence the number of species into which it has been divided by nosologists, most of which must be familiar to our readers. The causes of impaired digestion are almost as numerous as the signs which denote it, or as the anomalies to which it gives rise;

for as the proof of assimilation is very complicated, impediments to its completion may arise in any stage, commencing even with mastication. Such are among the principal of the general observations that usher in the particular sources of dyspepsia, commencing with affections of the mucous membrane, all of which are illustrated by cases; and this is the particular circumstance which at once gives a value to this work, but at the same time puts it beyond the reach of a limited analysis or review; for the cases succeed each other with little interruption. They are detailed at great length, and apparently with great fidelity, and they will be found full of instruction to the practitioner. Every prominent symptom which is by common consent assigned to this protean malady, dyspepsia, is traced as far as possible to its source, including affections of the liver, kidney, spleen, pancreas, and the remoter organs, such as the brain. All, therefore, that we feel enabled to do in justice to Mr. Cooke is, to select one or two points that appear to us to be least generally understood either in their nature and treatment, and to present them to our readers as specimens of the nature of the work and the mode in which it is executed. In the latter respect we think that our author has adopted occasionally a quaint and peculiar style, which we cannot altogether approve of, employing phrases which are scarcely justified by the idiom of the English language; such, for example, as the following—"the disease issued in," instead of terminated in, "the periodicity" of an attack; "he realized all the agony;" with various others equally objectionable. We regret that we have not space to pause over the many interesting cases with which the first part of Mr. Cooke's volume abounds: we may however observe that, under the head of pyrosis hæmorrhage from the alimentary canal, disease of the spleen, and dyspepsia from disease of the liver, will be found matter enough to interest and instruct all classes of the profession, the aged as well as the young; and from the perusal of which we have derived both pleasure and profit. The observations that conclude this portion of the work, are, however, too important to be passed over with a mere commendatory notice, and we shall give them in Mr. Cooke's own words.

“To rely on the same medicines, to prescribe the same diet, to establish the same intervals of taking food, to enjoin the same exercises, is nothing else than empiricism. Even if we admit that the effect of the various causes may be alike, surely there must be some reference in the treatment to the cause itself, and likewise to the constitution. Sometimes bleeding will be requisite—sometimes active purging—sometimes perseverance in the mildest doses of mercurial remedies—sometimes bitters or tonics: at all times the diet must be most carefully regulated, but we should bear in mind that there are persons who cannot undergo very long intervals between the seasons of taking nourishment without being distressed, and this is particularly the case with children. I do not advocate a system of repletion, nor the ridiculous practices of parents who allow their children to be almost constantly eating; yet the digestion of children is generally more rapid than that of adults, and how often do we see some children in a school, or family, who cannot endure the same interval as their companions, but in attempting it are reduced to a state of extreme irritability and languor.

“With respect to the administration of purgatives, there are three points to which I shall just advert. There will sometimes be fatal accumulation of fæces in the intestines, when both the patient and attendants report that the bowels are freely relieved. When the obstruction arises from a mechanical cause, as hernia or contraction, great caution is necessary in the administration of purgatives. Purgatives are not unfrequently persevered in to remedy unhealthy secretions, pain, tenderness, and flatulence, solely kept up by the means employed.

“In cases of constipation we must be careful that the discharge of a loose motion does not deceive us, for this may happen without the bowels being sufficiently acted upon. We ought never to be satisfied in any serious case without careful examination with the hand, for it will frequently happen, even after fluid dejections, that a large accumulation of fæces shall exist.”

Part II. commences, after a few preliminary remarks, with affections of the head arising from derangement of the digestive organs, including imaginary evils, such as apparitions, dreadful

dreams, &c.; and we extract the following efficacious method of laying a ghost:—

“On the 8th of February, 1808, I was consulted by an individual who, being unable to give any explicit account of his indisposition, felt a little embarrassment on presenting himself for my advice. He was conscious of some affection of the head, but it was so exceedingly slight that he regarded it as scarcely worthy of notice. The circumstance that most annoyed him was the nightly appearance of apparitions: he distinctly saw the figures of persons at his bedside, and held conversations with them; and he assured me that if his judgment had not opposed the idea he should have considered his house as haunted.

“On careful inquiry and examination I found that the man’s tongue was somewhat coated, that his excretions were of an unhealthy colour, and that his bowels were rather irregular; therefore I had no doubt that the ghostly visitors were *bilious phantoms*. He was advised to take six grains of the blue pill every other night, with a slightly stimulant bitter, combined with a little carbonate of ammonia, twice daily. A blister was also applied *inter scapulas*.

“After having taken two doses of the pills he suffered no farther inconvenience from visions.”

This subject is continued throughout all its shades and varieties, including neuralgic pains, amenorrhœa, diseases of the chest, stricture of the urethra, diabetes, &c. and some of the cases are really curious; one is particularly so, but its great length forbids our extracting it. It is entitled “*Adynamia and impaired intellect from derangement in the digestive organs. Human rumination, &c.*” It is to be found at page 210, and will amply reward the perusal.

In conclusion, we repeat our conviction that Mr. Cooke’s work will prove of considerable importance to all those who have felt embarrassed by a complication of symptoms, or have had to combat any of those anomalous diseases which frequently originate in disordered digestion: they will find in this work cases that include almost every possible variety of visceral disease, accompanied by judicious remarks, rendering them of great practical utility.

MEDICAL GAZETTE.

Saturday, September 6, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

MR. LAWRENCE AND THE COLLEGE OF SURGEONS.

IN our last Number but one we announced the election of Mr. Lawrence into the Council of the College of Surgeons; and the circumstances connected with this event have rendered it more interesting to the profession than such appointments usually are.

The members of the Council are understood to be nominated according to seniority, except where some objectionable circumstance has led to any particular individual being excluded. Thus, holding a situation in the army, from the liability of being sent on foreign service, has occasionally been held as a bar to sitting in the Council, and some years ago led to the exclusion of Mr. Nixon, then surgeon-major of the guards. And again, practising midwifery or pharmacy is by law an absolute impediment to the appointment; so that surgeons of distinction, otherwise eligible, have been passed over on this account. Still these exclusions, except on some well understood grounds, have been rare; and indeed a very cursory glance at the list of those who have at various times held seats in the surgical cabinet will shew that no extraordinary degree of fastidiousness has been displayed in their selection.

Notwithstanding this principle of seniority, and the general disinclination of the Council to be guided by any other consideration, it has for some time been known that when it came to Mr. Lawrence's turn to be nominated, a trial of strength would ensue between those favourable and those hostile to his

admission; nor was it possible to foresee the result, as this would depend upon the manner in which the intervening vacancies were filled, or perhaps even upon the contingency of whether his nomination, when it came to take place, would be in consequence of his friends or his opponents having lost one of their number—so nearly balanced were the votes. Indeed it is said that a majority of the Council were decidedly against his admission, but that two of those opposed to him did not vote; one having mistaken the day, and the other having been prevented from attending by a domestic calamity.

Now when we consider Mr. Lawrence's standing in the profession, his situation in a great hospital, and his general character as a surgeon, and find, notwithstanding, that so large a minority voted for his exclusion from the Council, we are naturally led to inquire into the circumstances which gave rise to so strong a feeling against him on this occasion.

Mr. Lawrence has long been known as entertaining what may be called *radical* sentiments on medical politics; that is, as holding certain abuses to exist, and so anxious to see these remedied as not to be over nice as to the means or the manner in which this was effected. It will be perceived that we allude especially to his conduct with regard to the Council of the College of Surgeons; and while we give to that body the credit of good intentions, we must at the same time acknowledge that several of their measures were justly obnoxious to the members at large, and that their proceedings have been too often characterized by a want of energy and decision. Indeed it is well known that these circumstances were so strongly felt by some of the leading surgeons in London, not in the Council, as to form the grounds of a remonstrance transmitted by them to

that body. This remonstrance, however, it would seem, did not come up to Mr. Lawrence's ideas, either as to the delinquencies of the Council or the extent of the reformation that was required. Accordingly, having declined to abide the issue of the more temperate appeal to the Council, he joined the meetings then preparing at the Freemasons' Tavern: he consented to take the chair, and became one of the principal spokesmen on the occasion. His sentiments were expressed with all the bitterness of irony for which Mr. Lawrence is remarkable; the measures and the motives of the Council were held up to ridicule and scorn; and the speeches were afterwards published in a separate volume, that they might form a permanent record of his opinions.

But although Mr. Lawrence was nominally the chief at these meetings, the part which he enacted was subordinate to that of Mr. Wakley, who was the principal mover of the machinery, and by whom the appeal for redress was transferred from the Council to the House of Commons, involving a total subversion of the College, and with the usual appendage of radical measures—universal suffrage and annual election. From this moment all discerning men foresaw the result which has since occurred—the petitioners and their petition sunk into neglect; and the whole was looked upon as a drama got up to figure in the pages of the *Lancet*.

It was undoubtedly the conduct of Mr. Lawrence at this period which first led men to question whether he would be admitted into the Council, not because he opposed the measures of that body, but on account of the manner in which he did so—associated with men of more than doubtful reputation—and thus indirectly countenancing a succession of malignant and disgraceful attacks which were almost weekly made upon the members of the Council in-

dividually. If any one of that body believes that Mr. Lawrence was connected *directly* with these anonymous libels upon his brethren, and yet voted for his admission into the Council, he has been guilty of a most base and despicable act. For ourselves, we have said before, and we repeat, that we absolve Mr. Lawrence from the charge of any direct connexion with the *Lancet*; we do not believe him capable of doing that clandestinely which he would not do openly—such an idea we think inconsistent with his whole public conduct, in which *caution* has never been very conspicuous. But granting our opinion to be correct, we must say that he has been miserably wanting to himself. His occasionally sending communications in his own name to the publication alluded to—the well-known fact of his having corrected the press of his lectures—his letter in the *Morning Chronicle*, reiterating some of the worst charges against his professional brethren—and his consenting to be puffed at the expense of his colleagues, and soiled every week with filthy praises of the *Lancet*—have given a colouring to the idea, in our opinion erroneous, of his exercising an immediate influence over the contents of that Journal, and at all events have tended to associate him, in men's minds, with a system which has degraded and disgraced the whole profession.

These are considerations which we presume to have influenced those who voted for his exclusion. With regard to those who voted in his favour, it is charitable to suppose they did so from magnanimity; though, knowing what we do of human nature, we think it just possible that a desire to temporise may have influenced their decision;—but whatever the motive, in our opinion the policy was good. It would have required a stronger cabinet than the present to have excluded him. There was a party against the College; they have

taken away the head of that party. One of the outcries against the Council was, that being self-elected they only admitted those friendly to their views : they have given the lie to this accusation most effectually, and have proved that no degree of opposition to their constitution or contempt of their measures prevents an aspirant from afterwards becoming one of their number. His admission has the appearance of liberality—his exclusion might have been looked upon as an act of persecution.

In first announcing the election, we alluded to a report that Mr. Lawrence would not accept of the appointment : this report, which has proved to be without foundation, could only have originated in its being regarded as probable ; and certainly we thought it not unlikely that he would hesitate to sit in a board of whose incapacities he had drawn so lamentable a picture. Nay, we confess it appeared to us a point in some measure problematical whether he would deem it consistent to owe his seat to an election, the nature of which is expressly declared, in one of the resolutions, bearing his signature as chairman, to be “the sole cause of the injuries and grievances” existing in the College ; and which, at no distant period, it was thought by some nothing but a new charter would suffice to overcome. But he has formally accepted the appointment, and we are glad he has done so—his activity will now be directed in a proper channel ; and we trust that, while its exuberance is checked by the less impetuous temperaments and greater steadiness of his colleagues, enough will still remain to give to their counsels some of that energy in which it must be acknowledged they have hitherto been deficient.

Before we conclude we must advert to one other circumstance connected with these transactions, which we cannot mention without regret—we allude to the resignation of Mr. Keate. It is an instance, not often met with in these

days, of a man sacrificing his interest to his principles, and maintaining his consistency at the expense of rank in his profession, and a certain degree of pecuniary loss. While, however, we give Mr. Keate credit for the independence of his sentiments, and disinterestedness of his conduct, we question whether the step he has taken was imperatively called for ; and we most earnestly hope that the members of the Court of Examiners will use every exertion to induce him still to remain. We understand—not, however, from *direct authority*—but we understand that Mr. Keate regards the appointment of Mr. Lawrence as derogatory to the “honour and welfare” of the College, which by his oath he was bound to maintain. Now we would observe that this may have been a sufficient motive for voting against Mr. Lawrence, but it does not carry with it any obligation to resign because he was elected ; so far otherwise, that if Mr. Keate thought Mr. Lawrence likely to injure the College, the more did it become necessary for him to retain a situation which put it in his power to watch over its interests. Besides, the oath is not very exclusive in its terms, for it enjoins the members of the Council to act equally and impartially “with all manner of persons ;” and Mr. Keate, without compromising his character, might have said, and might still say, to Mr. Lawrence, “I have opposed your appointment by every means in my power, but as you have gained your election notwithstanding, I shall, as enjoined by my oath, act ‘equally and impartially’ with you ; and I trust that, as our mutual object professes to be to promote the ‘honour and welfare of the College,’ so we may contrive the means of effecting this without petitioning Parliament to turn us out of office, or endeavouring “to obtain from his Majesty a new Charter.”

Although we alluded to Mr. Keate’s re-

signation a fortnight ago as to be feared, we were not then without hopes that it might be prevented; and it would give us great pleasure to be able to state that he has been induced to view the matter in a different light, and that the College is still to be benefitted by his services.

MR. HARRISON AND GUY'S
HOSPITAL.

CONSIDERABLE curiosity was excited with regard to Mr. Harrison's examination before the Committee of the House of Commons: it was known that he entertained opinions unfavourable to the public discussion of the questions which formed the immediate subject of their inquiries—so much so, indeed, that, in compliance with his wishes, the room was cleared during his examination. For ourselves we are more and more convinced that public discussion is to be courted, not shunned; and we subjoin Mr. Harrison's examination, as *in various ways* affording strong internal evidence of the truth of this position.

BENJAMIN HARRISON, Esq. called in and examined.

Previous to his examination, the witness submitted, that in his peculiar situation he ought not to be examined by the Committee. Being informed by the Chairman that he would be allowed to state his objections to any question at the time of its being put, he delivered in the following paper, as an order issued at Guy's Hospital, on or about Friday, May 9, 1828* :—

“Hitherto, however minute may have been the inspection and examination of persons after death at Guy's Hospital, it has been so conducted as not to have produced any inconvenience or unpleasant feelings on the part of the patients or the public; but publicity and misrepresentation will, of necessity, occasion so much excitement, that it is deemed expedient to direct that no such examinations shall, in future, be permitted.”

You are the treasurer of Guy's Hospital?—Yes.

* We were immediately informed of this order having been issued, and alluded to it in the Gazette of May 17, p. 734.—E. G.

Will you state to the Committee what it was that occasioned the governors to issue that order on Friday, May 9th?—*It was not issued by the governors; it was issued by the treasurer.*

By yourself?—Yes.

What was it that occasioned you particularly on Friday, May 9th, to issue that order?—I think it is described in the order itself. It states, that publicity occasioned by circumstances being known, and particulars relating to the hospital, which have been brought before this Committee.

Was it particularly represented to the treasurer by the surgeons and lecturers, or any other persons connected with the hospital, that there did exist, particularly at this time, much excitement on the part of the public?—It was from the publicity given to these proceedings, and from the evidence that has been given.

The Committee probably need not ask you, who have been so long the treasurer of Guy's Hospital, and a very influential officer there, whether you think it of importance to the public, and to the education of medical and surgical men, that dissections should be carried on?—I think it highly important.

The Committee understand that it was with such feelings the governors, not very long since, attached to the building of Guy's Hospital a new dissecting school?—It was not erected at the expense of the hospital.

At whose expense was it erected?—It has been paid for in part, and is intended to be wholly so, out of the profits of the surgical school.

Do you mean that a certain portion was taken out of the fees usually received by the physicians and surgeons, to raise that fund?—It was paid out of the surgeons' pupil fund.

How long ago is it since the new dissecting room at Guy's Hospital was built?—It was first occupied in October 1825.

Do the lecturers who now lecture at Guy's Hospital receive the same portion of the fees as they did before the new dissecting room was built?—There were then no anatomical or surgical lectures, and now those receipts all go into one fund, subject to the deductions which the governors may from time to time deem expedient.

Was there any dissecting room at Guy's Hospital before the new dissect-

ing room was built?—There was an inspection room.

Did dissections go on in the inspection room?—By special permission.

Were lectures given by the lecturers upon the bodies examined in the inspection room?—No.

Was there a connexion between Guy's and St. Thomas's Hospital, which occasioned St. Thomas's to be the place where lectures were given on dissection?—The anatomical and surgical lectures were, previous to the erection of the new buildings, given at St. Thomas's Hospital.

Were lectures, with or without dissection, given at Guy's Hospital, with or without permission of the governors, previous to the erection of the new dissecting room?—There were no anatomical or surgical lectures given at Guy's Hospital at all.

Were any lectures given?—Very many lectures, but not upon anatomy and surgery.

What were the lectures given at Guy's Hospital—surgical, anatomical, or medical—previous to the erection of the new dissecting room?—There was a full course of lectures upon every thing that was considered necessary for the instruction of medical and surgical students, combined with the lectures which were given at St. Thomas's.

Will you state what were the lectures?—I am not fully prepared to answer that question: there are *Materia Medica*, *Practice of Physic*, *Physiology*, *Midwifery*, *Chemistry*, *Botany*, *Experimental Philosophy*, and others.

Were any anatomical lectures then given at Guy's Hospital?—None.

The schools of St. Thomas's and Guy's were then united?—They were.

Have they been separated since the erection of the new dissecting room?—Not so far as to prevent the surgeons' pupils of the one having the opportunity of visiting the other.

Are the pupils who walk one hospital entitled to walk the other also?—Certainly.

For the same fee?—Certainly.

What are the fees which are now paid at Guy's Hospital by the pupils to the anatomical and surgical lecturers?—I have not the particulars with me; I do not recollect the amount.

Has the lecturer at Guy's Hospital, in the use of the dissecting room, any

peculiar advantages which the lecturer at private schools of dissection has not; had he in the year 1827?—I should conceive, with respect to the portion of the expenses that are paid towards the assistance that is afforded, much less is paid for rent and other charges than in other situations.

The question relates principally as to whether he receives the use of the dissecting room without paying to the hospital any rent for it?—He pays a certain sum, but it is not defined whether it is for rent, or for the expenses that are incurred.

Do you mean, as treasurer, that the whole accounts are blended together, and there is no separation?—I mean to say that account has nothing to do with the accounts of the hospital.

Do the lecturers pay a consideration for the use of the dissecting room?—They do.

Do the fees given to the lecturer pass through the hands of the treasurer?—*They are paid into the steward's hands, and subject certainly to the control of the treasurer; the whole of the pupils' fund is paid into the steward's hands, and is also subject to the control of the treasurer.*

Then the treasurer is acquainted with the amount of the fees paid to the lecturer?—The printed papers of lectures will explain that; there are certain fees paid for each course, and by perpetual pupils.

In whose custody are the account books of the institution, and who are responsible for their production?—The treasurer.

Is there any printed statement of the fees?—There is.

Is the dissecting room, built within the last two years, part of the institution of Guy's Hospital?—It is.

How then, since you, the treasurer, are responsible for the account books belonging to the institution, does it happen that the accounts of any part of that institution are not in your hands, and you are not responsible for them?—The accounts of the hospital, and the accounts of the lecturers, are kept quite distinct.

But you being responsible for the accounts of the whole institution, and the dissecting room being part of the institution, whether the accounts be mingled or separate, are you not respon-

sible for the accounts of the dissecting room?—The accounts of the dissecting room are kept by the steward.

Are they not submitted to you?—They are.

Can you produce them?—They could be produced, if requisite.

The whole of the fees received from the students go into a separate fund, and not to the hospital, and separate accounts are kept?—Certainly.

All the lecturers and medical men are paid out of that fee fund, are they not?—The lecturers are paid out of the lecture account, and the surgeons are paid out of the pupil account.

Certain fees are received for the pupils walking the hospital: does that form a separate account from the fund resulting from the fees received from the dissecting pupils?—Every distinct lecture is kept under a separate head.

Are the whole of the fees received for each particular lecture paid in full to the lecturer, or is any deduction made for the use of the hospital?—*Certain deductions are to be made at the discretion of the treasurer, for what he may consider the expense incurred by each.*

Then it will appear distinctly, from the accounts kept with regard to the dissecting room, what proportion of the fees it is that is received by the lecturer?—Yes.

Is it the case that no patient is admitted at Guy's Hospital unless his friends previously give security that they will pay the expense of interment?—That is not the case.

Is there no security given before the patient is admitted at Guy's Hospital, whatever may be the object of that security?—When a patient is admitted, it is an object to know who will take the patient on being discharged; and for that purpose security is endeavoured to be obtained: if the patient dies, and is buried by the hospital, one pound is demanded from the security.

Upon adding the new dissecting room to Guy's Hospital, was there any diminution in the number of applicants for admission into the hospital?—I should say there has been an increased number of applicants.

Was it known to the public in the neighbourhood that there was a dissecting establishment lately attached to the hospital?—Perfectly; it is so large and conspicuous a building that it must be known.

Then it appears that the knowledge of dissection being carried on did not indispose sick persons or their relatives to apply to that hospital for relief?—The anatomical school is not within the walls; the inspection room is within the walls.

At what distance is the anatomical school from the walls?—It is within an outward boundary, not where the patients have access.

At what distance?—It is within two hundred or three hundred yards of the hospital.

Was it ever matter of doubt in the neighbourhood that it was an establishment intimately connected with the hospital itself?—It was a matter of so much public notoriety that I should consider it was not even a matter of doubt.

Then it appears that the knowledge of dissections going on in an establishment intimately connected with the hospital, did not deter patients from frequenting the hospital?—Certainly not.

Does not that lead you to conceive that the repugnance to dissection, which is supposed to exist, may in some measure have been exaggerated by those who entertain fears of publicity?—I am quite sure that if patients, admitted into the hospital, were to consider that they would be dissected, it would have a very material effect; but by good management and great caution being exercised, inspections are every day more readily permitted.

You have no interest yourself in any of the lectures at the hospital?—None whatever; my services are perfectly gratuitous, and have been so ever since I belonged to the institution, about forty years.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Lithotomy.

AGREEABLY to our promise in No. 37, we dedicate the present report to some cases of stone in the bladder that have lately occurred at this hospital.

CASE I.—Henry Bevinstock, between two and three years old, was admitted on the 25th of June, and placed under the care of Mr. Keate. The health of the patient was good, and the symptoms were moderate. The stone having been

discovered, the operation was performed on the 3d of July, and concluded with the scalpel in less than 40 seconds!

Next morning the child was rather sick, and was seized at 10 o'clock with a convulsion. The surface was hot, the bowels confined, and the urine was not passed freely by the wound.

Ol. Ricini 3iss. statim.

The bowels were opened by the oil, but the child was rather feverish in the evening, and took a saline draught, with syrup and two grains of carbonate of soda, every two hours.

On the 5th, although the fit had not returned, yet he started much at times, and was still rather feverish. He was put in the warm bath, and continued the mixture, with the addition of five minims of the *spt. æth. nitric.* to every dose. On the 10th he required blue pill, on account of derangement of the bowels, and again had a convulsion on the night of the 14th, but without any other disturbance. The urine at first passed chiefly by the wound, but as early as the 13th had been voided in tolerable quantity per urethram. The case went on well, and the child was discharged on the 30th of July.

CASE II.—W. Collins, ætatis 16, admitted on the 28th of June, under the care of Mr. Keate.

He had laboured under gravel for five or six years, for the last two of which he suffered from the usual symptoms of stone. He was sounded on two occasions previous to admission, on both of which a calculus was felt. The symptoms were mild, and the health pretty good, but the bladder itself was very irritable. On the 29th of June he was sounded in the hospital, and the bowels having been opened with saline aperients, and the irritability of the bladder diminished by the warm bath, the operation was performed on the 3d of July. The stone was very large, and attached to the anterior surface of the bladder, which occasioned some difficulty in completing its extraction. In alluding, however, to the difficulties of the operation, we should certainly be wanting in our duty if we did not contribute our testimony, humble as it is, to the abilities and dexterity of the operator.

Rep. Haust. Salin. c. Sulph. Mag.

He slept pretty well, but was feverish and ill upon the 4th; the bowels were

confined, and a small quantity only of the urine was voided by the wound. He took some castor oil, and the bowels were opened, but much irritability remained, and on the 8th he was affected with purging and a good deal of general disturbance.

Cap. Mist. pro re natâ.

R& Ext. Conii, gr. iv. o. n. Sod. Carb. gr. xij. Mag. Carb. gr. vi. ter die.

From this time he progressively improved; the urine was passed by the natural channel, the health was re-established, the wound healed entirely, and the patient was discharged on the 13th of August.

The following is a contrast, in almost every respect, with the cases related above.

CASE III.—James Rowles, 61 years of age, was admitted into the hospital on the 28th of May, under the care of Mr. Keate.

He was thought at this time to be labouring under disease of the bladder and prostate, but becoming dysenteric he left Mr. K. and was put under the care of the physicians. On the 2d of July, the dysenteric affection being relieved, he returned to the surgical ward, and was placed a second time under the charge of Mr. Keate. At this time his health was a good deal improved, and the bladder complaint was diminished in severity. The symptoms, however, inducing a suspicion of "stone," the patient was sounded on the 14th of July, and a calculus discovered in the bladder.

Injiciatur omni nocte enema. Tinct. Opii, ℥xx. c. Aq. Tepid. ʒij.

On the 21st he was ordered to continue the enema, and take in addition a drachm of the sulphate of magnesia, and half a scruple of the carbonate, twice daily. Having taken these precautions, Mr. Keate determined to perform the operation on the 24th, previous to which we obtained from the patient the following particulars.

He had noticed a difficulty of making water for several years, which gradually increased, and latterly was very much worse. About two years before his admission he first observed blood in his urine, which was frequently voided, and gave him much pain, but never stopped suddenly in its passage. Six months ago he applied to Mr. Keate, who sounded (the patient, we believe, was in the recumbent position), but disco-

vered no stone. From that time till the 14th of July, when the nature of the case was ascertained, no further examination had been made with the sound.

The patient had the usual symptoms of calculus in the bladder, getting up every hour or hour and a half to make water; complaining of pain at the end of the penis, irritation at the neck of the bladder, pain in the loins, aggravation of the symptoms on walking or moving, &c. His aspect was unhealthy: he said that when young he had suffered from disease of the liver, and had always been troubled with a "weakly constitution;" he had laboured under cough for the last thirty years; was only just recovered from a sharp attack of dysentery, and was probably affected with enlargement of the prostate and disease of the mucous membrane of the bladder! His occupation was as bad an occupation as could be—viz. that of a hackney-coachman; and to crown these unfavourable circumstances, he expressed himself as doubtful of the success of the operation, and added, indeed, that his life was so wretched he had rather be out of the world than in it.

In spite of the unpromising nature of the case, the operation was performed on the 24th. A vessel of some little size was wounded in the first incisions, and required to be secured by a ligature. The bistoure cachée having been carried along the groove of the staff into the bladder, and withdrawn, the forceps were introduced, and a small stone extracted; but Mr. Keate was of opinion that another remained, though lodged above the pubes, and probably entangled in a fold of the mucous membrane. The forceps, bladder-sound, and scoop, were successively put in requisition, and it was only by opening the blades of the forceps in the bladder, and widely dilating it, that the stone could be dislodged and extracted. A piece of oiled lint was placed in the wound, and the patient put to bed with his knees merely raised and supported on a pillow, no bandage whatever being used. We should state that the prostate, and especially its middle lobe, was enlarged, which added materially to the difficulties of a difficult operation. The patient bore it well, and Mr. Keate, in its performance, shewed his usual dexterity and coolness.

The patient went on without any unfavourable symptoms till the evening, when he manifested a slight disposition to sickness, whilst the pulse was 100, and full. Fourteen ounces of blood were abstracted from the arm, and during the operation he vomited freely, but afterwards said he was relieved.

Liq. Opii sedativ. gtt. xx. Mist. Camph. 3x. statim.

H. Salin. ʒiss. Sod. Carb. ʒj. Syrup. Papav. ʒj. 6tis horis.

He spent an indifferent night, and at 4 P.M. of the 25th, when we saw him, appeared to be dying. He was constantly dozing, and when roused was scarcely conscious of what he was saying or doing: the features were contracted; the surface hot and damp; the pulse quick, irregular, and small; the tongue thickly coated, and dry; the hypogastrium exceedingly painful on pressure; the mouth and fauces parched with a burning thirst. He was ordered immediately five grains of the submuriate of mercury, and five of the extract of hyoscyamus, and three hours afterwards an ounce of castor oil; the latter to be repeated till the bowels were opened.

In the evening the nausea was diminished, but the countenance was even more anxious; the skin of a yellowish tinge, the tongue white and dry, the pulse quick and feeble. The urine had since the operation come freely from the wound. The medicines were continued as before, and he was ordered in addition beef tea.

26th.—He is said by the nurses to have passed a better night, but is certainly no better to-day. The coating on the tongue is changed from white to brown; the teeth are incrustated; the pulse faint and rapid; the surface very hot; the countenance more sunk and hippocratic. The pain of the hypogastrium on pressure is severe, and has somewhat extended to the rest of the abdomen; the bowels are open; slight hiccup and delirium. The lint was removed from the wound in the course of the day, and appeared to be a little fastened in by adhesions. The abdomen was fomented, and twenty-two grains of carbonate of ammonia, with a scruple of tartaric acid and five minims of tincture of opium, ordered to be taken every fourth hour. Brandy and water were freely administered, but

the patient expired on the morning of the 27th.

Sectio Cadaveris, 35 hours after Death.—The trunk, neck, and face, were emphysematous, and on the abdomen putrefaction had commenced. The lungs and the rest of the contents of the thorax appeared to be sound, but only a superficial examination was made. No peritoneal inflammation was found, and the interior of the intestines, as far as they were traced, was unaffected.

On taking out the bladder, rectum, and penis, it was found that the cellular membrane at the neck of the former was not at all sloughy, or otherwise disorganized. The membranous part of the urethra had been cut into, and the prostate was freely divided; the gland was enlarged, its middle lobe projecting into the cavity of the bladder, and lymph and other marks of inflammation existed on its section. The mucous membrane of the bladder was inflamed, and altogether in a very bad condition. On the right side of the prostate the mucous membrane was destroyed by ulceration, so that there existed an ulcerated cavity, or pouch, in which one of the stones might have lodged, or which might have been the remains of an ancient false passage, for he had formerly suffered from stricture. It could not, however, be traced by Mr. Keate to communicate with the canal of the urethra.

The head was not examined.

This case is an instructive one for those who are constantly sneering at the term irritation, and particularly what is called "constitutional irritation." The peritoneum was sound; the cellular membrane at the neck of the bladder was sound also; the lungs, the heart, the viscera, were unaffected; the mucous membrane of the bladder alone bore marks of a chronic, and any thing but fatal inflammation. In short it is as clear as noon-day, to all but the most "bookish theoric," that the cause of death, in this instance, was the shock of a formidable operation on a shattered and crazy constitution.

CASE IV.—*Lithotomy performed on a Female Child.*

The subject of this operation was a girl rather more than two years old, who entered the hospital on the 11th of July, under the care of Mr. Brodie.

Having been out of town at the time that it occurred, we can give but a very brief notice of the case.

The patient had difficulty in passing her urine, with pain and such straining as to cause prolapsus ani. Mr. Brodie performed the operation by making an incision downwards and outwards, nearly parallel to the descending ramus of the pubes. The stone, which was large, was extracted with very great facility. We believe that a tent was introduced into the vagina, as Mr. Hey has recommended, in order to keep together the edges of the wound and prevent that incontinence of urine which occasionally follows dilatation or division of the female urethra.

We find on the 24th the little patient doing well, the prolapsus not having reappeared since the performance of the operation. The incontinence of urine was somewhat disappearing, the parts being frequently dry for a quarter of an hour; and once or twice, whilst examining, the urine gushing out in some little quantity. At present (18th of August) the dribbling of the water is trifling, and the child is quite ruddy and fat*.

ST. BARTHOLOMEW'S HOSPITAL.

Enlargement and thickening of the Prepuce and Skin covering the body of the Penis.

GEORGE REYNOLDS, a healthy looking man, æt. 36, has been a post-boy, and accustomed to ride much in the course of the day. About three years ago, while in Portugal, two hours after connexion his penis became suddenly swelled to nearly three times its natural size; it was exceedingly painful, and looked, according to his description, quite black. This blackness went off in three days, but the pain and swelling did not disappear for five weeks afterwards. At that time he had never had any venereal complaint, nor any gonorrhœa. About a month after this attack he returned to England, and was immediately admitted into St. Bartholomew's hospital. Here he applied poultices to the parts, which did not relieve the pain nor reduce the swelling; he afterwards applied a cold lotion,

* The above report has been postponed for a fortnight by press of other matter.

which succeeded in removing both pain and swelling sufficiently to admit of his discharge ten days afterwards. While in the hospital he did not fumigate nor take mercury. Until a month ago he has remained perfectly well, when he had connexion, which brought on a copious gonorrhœa, and a week afterwards a similar swelling to that which he had had three years ago. He was admitted into this hospital, for the second time, last week, and since his admission he has applied poultices to the part, together with a lotion. The swelling does not seem to have subsided since his admission, but the pain, which was at first severe, has abated. The gonorrhœa is very much better since he has taken the pulv. cubeb. ʒj. ter die. The penis is about six inches long, and nearly four in circumference; it consists of two different swellings, between which the organ looks contracted. The prepuce and skin covering the body of the penis, is the part more particularly swelled; it has rather a hardened feel, and in appearance is not unlike the penis of one who has ascites, only much larger. He says, when he first observed the blackness he went into an hospital abroad, where the urgent symptoms were relieved. This, we believe, is a disease which is frequent in Portugal, but it usually terminates in a more destructive way.

GUY'S HOSPITAL.

Compound Fracture of Tibia and Fibula.

A stout healthy man, who has drank a great deal, but only ale and porter.

July 5.—A person came behind him and lifted him off his feet, and then let him fall. In the fall he produced a compound fracture of tibia and fibula. Tibia fractured very obliquely, the line of the fracture running several inches in a direction from above to below, and from within to without. The wound was very small on the fore-part and a little to the outer side, and the bone did not protrude. The fractured ends were with considerable difficulty brought into apposition; the limb was then bound up for some inches above and below the fracture with alternate strips of adhesive plaister; a splint was laid on each side from the ankle to the knee; and the patient being laid on his back, the leg was laid

on the heel in a fracture-box, of such a height that the leg alone was raised about eight inches from the bed; both thigh and leg being consequently semi-flexed. This was late on the evening of the 5th.

6th.—Not in much pain; pulse 60, weak; had a good night; tongue a little furred; leg in a very good position.

Ten, p. m.—Re-action has completely taken place; limb has been very painful all day; some swelling of ankle and lower part of leg, from tightness of dressings; whole limb from knee hotter than natural; pressure over wound gave no pain, but severe pain on pressing about two inches above the wound. Mr. Key cut through several of the straps of adhesive plaister, and ordered the others to be cut through as the leg became swelled; not the slightest blush of inflammation appeared on the integuments below the wound. Patient was much relieved by the slackening of the dressings. Pulse was now 110, full and strong; tongue covered with a whitish fur. Bowels not having been opened since the accident, he was ordered the following pills:—

Rx Hyd. Submur. gr. iij.
Ext. Coloc. co. gr. vj.
Spirit wash to leg.

July 7.—Bowels opened two or three times during the night; limb less painful; a number of small vesicles have appeared around the fracture; pulse smaller and quicker.

8.—Pulse 100, small, and jerky; tongue less furred; limb excessively painful, pain shoots up thigh. The straps of plaister entirely removed this day, and nothing left but a roller some distance above, and another below the fracture. Wound appeared sloughy; bones in good apposition.

9th.—A slough an inch square at wound; surrounding integuments, to the extent of some inches, of a brownish colour; several bullæ, containing a brown serous fluid; considerable discharge from wound; very foetid; not much pain—left him yesterday afternoon; pulse 120, rather jerky; tongue cleaner; vomited this morning. The uppermost bandage, from the swelling of the limb, having become tight, Mr. Key cut through several folds of it, leaving the bones to be retained *in situ* chiefly by the inside and outside splints, which were gently bound to the limb.

Leg appeared very straight. Instead of a poultice, which is so liable to become sour in hot weather, Mr. Key ordered lint, dipped in tepid water, to be laid over the limb, and changed every two hours. Stool yesterday and to-day.

10th.—In great pain; limb still more swollen and tense; skin around wound of a still darker colour; great discharge of foetid matter; pulse 120, and jerky; tongue a little cleaner; one motion; vomited once.

Calomel and Opium every night at bed-time.

11th.—Not in much pain; pulse improved; tongue furred; slough separating.

12th.—Pulse weaker and quicker; in great pain.

13th.—Ends of bone completely displaced; upper part of tibia for the first time projected through the wound. The first apparatus was entirely removed: by powerful extension the ends were brought into tolerable apposition; the limb was laid straight, with the heel raised a few inches, so that the whole limb formed a slightly inclined plane. A poultice was laid over wound; a leg splint was placed on each side of the limb, and lightly attached by tapes. The operation was exceedingly painful. *Opium gr. ij.* were given.

On the very next day the upper portion of the tibia projected through the wound; fresh extension was made, and the heel raised still higher. Thus the case went on, the upper portion of the tibia invariably becoming drawn over the lower, and projecting through the wound in a few hours after extension had been made. Different positions were tried, and attempts made to confine the foot, but they proved ineffectual; and on the 5th of August Mr. Key, finding the tibia still projecting, cut off a portion of it, and attempted to replace the bones. The attempt appeared to succeed, but the next day affairs were in as bad a state as ever; and, consequently, on the 7th Mr. Key resolved to amputate. The patient had frequently begged that that might be done, and although the system had been affected in a remarkably slight degree, yet it must have soon sympathized, and the continuance of the attempts at producing union was only prolonging the patient's sufferings, without any prospect of success.

The leg was amputated below the knee.

Up to the 25th of August the stump had gone on well.

Mr. Key dissected the limb minutely, to discover the cause of the extraordinary difficulty of keeping the fracture reduced. The tibia was found to be very obliquely fractured, the line of the fracture having a direction from the heel to the tubercle of the tibia. There was a splinter, nearly separated, but still attached, to the lower portion of which the point had transfixed the flexor longus digitorum muscle, and this had constantly stimulated that muscle to contraction, while the inflammation which it excited necessarily made the muscle less and less capable of relaxation. The approximation of the origin of that muscle to its insertion inevitably pulled up the lower portion of the tibia, which, pressing upon the under surface of the upper piece, forced its extremity through the wound.

It might be a subject of consideration whether the use either of Mr. Amesbury's apparatus, or of Mr. Cline's method of tying a weight to the foot, and suspending it over a pulley, might not have succeeded in overcoming the contraction of the long flexor and other muscles. The latter method was tried two days before the amputation, but it was then too late.

NOTICES.

The communications of "J. H. P."—"Dr. Burrows,"—"A Botanist,"—"A Young Botanist,"—"Mr. Wickham," and "Mr. Alderson," have been received.

A Correspondent is informed that the Analyses of Dr. Burrows and Mr. Annesley's works are both to be continued.

We are much obliged to the gentleman who has favoured us with the answers to the Cambridge Examination; but we do not think them sufficiently interesting for publication.

"Verax" will perceive that we have complied with his request.

We shall be happy to receive the communications to which "Mr. W." alludes.

* * It is requested that all letters to the Editors of the Gazette be addressed to Messrs. Longman and Co *post paid*.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

No. 41.] SATURDAY, SEPTEMBER 13, 1828. [VOL. II.

SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

By W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

[Continued from page 390.]

I MENTIONED that in fevers there was a remarkable irregularity in the distribution of nervous energy from the brain to various parts of the body, and a corresponding inequality in the distribution of blood, and that hence arose the sanguineous accumulations of which we have been speaking in various parts of the body, particularly the head, the chest, and the belly. In the last lecture we described the effects or symptoms of this irregularity, as they belonged to the contents of the cranium. We have next to consider the symptoms which accompany a similar accumulation of blood when its seat is in the air passages and lungs. These are characterized by the following symptoms.

In the first place, the countenance has a livid redness; the lips are often of a dark blue colour, in which the tongue (under the fur) participates; the voice is husky and hoarse, from the accumulation of blood in the larynx, which often spreads to the pharynx, and produces a sensation of soreness there, and of obtuse pain in swallowing. The loaded state of the lungs is evinced by constant uneasiness in the chest (not amounting, however, to acute pain), and a difficulty of drawing a deep breath, not attended with the sharp check which the attempt meets with in acute inflammation of the lungs, but with a sensa-

tion of great effort in effecting a deep inspiration, as if there were some mechanical obstacle (which is in fact the case) to their expansion, inasmuch as the congestion is the resisting power. The cough, which is not urgent, is generally dry in the first instance, and after some time is accompanied by an expectoration of mucus. The heart itself suffers little primarily in this stage of the disease, except inasmuch as it must partake more or less in the inconvenience sustained by the lungs.

The third remarkable accumulation of blood, and that which is perhaps the commonest, and productive most frequently of fatal consequences, is that which affects the mucous membrane of the bowels, which, if a patient dies in this stage of the fever, is found highly charged with blood of a bright colour. This is evinced in the commencement of the mischief either by costiveness, in consequence of the excess of blood impeding the ordinary secretions altogether, or else by constant action of the bowels, from the materials of the secretions, I mean the blood, being too plentifully supplied. The motions, however, which consist often of dark coloured and vitiated bile, with a little feculent matter, and a copious supply of depraved mucus, are passed frequently in the day without any relief. The abdomen soon becomes hard, distended, and in some few cases painful when firmly pressed. This painfulness differs from the tenderness of enteritis in this particular—that in the latter the parietes of the abdomen are impatient of slight compression, but in the early stages of febrile congestion it requires firm pressure to excite the pain, which, I may observe, is in gene-

ral most severe in the right iliac region, just over the caput cœcum coli. The tension also of enteritis is in general wanting in the earlier stages of this disease. It has often been asked what is the cause of the excessive hardness and fulness of the bowels which are observed in this kind of fever? in answer to which question I should say that the swelling of the abdomen appears to consist partly of feculent matter, partly of flatus, partly of the mucus which is secreted under these circumstances in great abundance, and partly of the simple thickening of the coats of the intestinal canal, from the increased supply of blood determined to the vessels of a great part, or the whole, of the tube; which we may conceive to have some effect in increasing the bulk of the belly, when we recollect that the whole canal is six or seven times the length of the body.

I have said that the congestion, or sanguineous accumulation, of which we are speaking, is most remarkably exhibited in the state of the head of the colon and the neighbouring small intestine. It, however, sometimes spreads up to the jejunum, and affects also the stomach and liver and spleen. Hence the pain in the epigastrium and sense of weight there extending to both hypochondria; hence the thirst, the nausea, and the vomiting, which are also often present.

These are the three most remarkable accumulations of blood which occur when the disease is fully established. But although they are generally all present to a certain extent, yet the intensity of one of these frequently exceeds that of the other two. It has been often said that the chest is most affected in fevers of the winter and spring; and the abdomen in those which occur in the summer and autumn; and there is some truth in this remark, although it is not universally true. In some cases the thoracic congestion, perhaps, is absent altogether, and some, though very few, are without the abdominal affection. The congestion in the head, I may say, is generally present in all continued fevers, and the abdominal affection is much more common than that of the chest. Out of ten cases of fever which terminate fatally, I should say about two die of effusion into the brain, three of hepatization, tuberculation, or ex-

cessive congestion in the lungs, or pleuritic effusion, and the other five of diseased bowels. In Dr. Hewett's cases, published in No. 14, New Series, of the London Medical and Physical Journal (Aug. 1827), of 26 cases recorded, viz. 16 died of diseased bowels, 7 of diseased brain, 3 of diseased thoracic viscera, or thereabouts. Some of the above died with disease in several parts; hence it is difficult to say which affection was the chief agent in their destruction. The paper is well worth referring to.

Whilst this stage of the fever is at its height the pulse is at first generally full and frequent, with a degree of softness in it, however, which clearly distinguishes it from an inflammatory pulse. There are very extraordinary varieties observable in the pulse: it is sometimes quite or nearly natural in fevers, particularly those in which the congestion is principally in the abdomen, whilst the chest and head are only moderately affected. I know not what this depends upon, but probably some peculiarity in the properties of the exciting cause. The skin is hot and dry, and red, and in severe cases is often covered with patches of an exanthema, particularly about the neck and breast, and joints of the limbs. There are also great varieties in the temperature of the skin. I have seen persons go through the disease in its worst form, with very little pungency throughout of superficial heat. The tongue, the substance of which is a bright red, becomes brown and dry along the central line, and this brownness and dryness soon extends itself to the tip and edges of the tongue. The tongue, whatever may be the varieties in the other symptoms, seldom deceives us: its foulness and dryness in this stage of the disease, at least, is generally in proportion to the intensity of the symptoms, and the urgency of the patient's danger. The bowels also continue to act irregularly, in most instances discharging fetid, muddy, liquid evacuations, for many days, and, as I have said before, with little relief. The kidneys, in consequence of the disorder which subsists in their vicinity, and of which they often partake, secrete a high-coloured clear urine, containing much of the colouring matter, but being apparently deficient in the saline sub-

stances, which are easily precipitated from healthy urine, and which so often render it turbid when cold.

I think I have now described sufficiently at length the confirmed continued fever; but it is necessary that we should not be deceived by names, for although we call it continued fever, because it is never totally absent till it subsides, yet, in its progress, its intensity varies exceedingly. There are, in fact, generally observable, at first, several remissions in twenty-four hours, and even in its advanced stage the symptoms are almost always aggravated towards the evening, and somewhat relieved towards the morning, in-somuch that, in cases of moderate intensity, the delirium is often not perceptible except at night. I have, in fact, seen these remissions occurring so distinctly and so regularly as to render it difficult to distinguish this disease from that which we last described---I mean the common remittent fever of marshes. In others, the variations are less regular and less distinct, but they are scarcely ever absent in what are called the continued fevers of this country.

The symptoms which we have just been describing are as various in their periods of duration as they are in intensity. If we were to take an average, I should say that they generally lasted twelve or thirteen days.

I have known them, however, in cases which have been neglected or improperly treated, to destroy the patient in seven or eight days, or even in a shorter period.

When this happens the appearances on dissection are the following. On opening the cranium, and removing the dura mater, the vessels on the surface of the brain are generally found highly injected with scarlet blood. There is often observed some little effusion of opaque serum under the arachnoid coat, (but this is not always present;) the cortical part of the brain, however, is darker than natural, and each section of the organ exhibits bleeding puncta more numerous than are observable in a healthy brain. In the chest the appearances will of course depend on the degree of congestion which the symptoms before death have indicated. If the affection of the chest has been severe, the lungs will be found full of blood, and intense redness will be observed in the mucous

membrane lining the trachea and bronchial tubes, which will be full of frothy mucus. If the affection of the chest has been slight, these appearances will be proportionately indistinct.

With respect to the viscera of the abdomen, the appearances will there also bear a due proportion to the previous symptoms. If the nausea and sickness have been severe, the sense of weight and fulness, and tenderness in the epigastrium and both hypochondria highly distressing---if the bowels have been distended and painful when firmly pressed, and have acted repeatedly with griping, the evacuations being liquid, highly offensive, and of a muddy green colour---or if, on the contrary, the bowels have been obstinately costive (which, however, is not so common an occurrence as looseness in fevers)---we shall expect to find the interior of the stomach highly injected with blood, chiefly of the arterial colour; the liver and spleen gorged with dark blood, and the former full of greenish or dark-brown bile; the jejunum and ilium also exhibiting a mucous membrane, either partially or totally gorged with blood;---which appearance will be more or less distinct, according to the severity of the several symptoms which I have been endeavouring to describe. It is scarcely necessary to observe that, if any of the parts of which we have been speaking have been free from the appearance of diseased action before death, they will be in general found in a natural state after death. Hilliar, a man who died in St. George's Hospital of fever very soon after his admission, was found to be nearly free from disease in every part except the liver and spleen, which were enormously enlarged, the latter with grumous blood, the former with blood and dark-coloured bile. This man had been ill, I believe, about ten days.

This, then, is the state of things before and after the death of the patient, supposing he is destroyed by the intensity of the febrile action before any lesion of structure, or any distinct effusion into the serous cavities, has taken place. We will suppose we have been describing the first ten days, or even the first fortnight, of the disease. We will now suppose that the patient does not come under our charge until this period has passed, and we will now describe the symptoms which we may expect to find developed in him about

this time, I mean after the tenth or twelfth day of the disease; and in doing this I will commence with the general symptoms which belong to this stage of the disease, whatever may be the particular character of the existing congestion; afterwards I will describe, in order, those which belong to the head, the chest, and the abdomen.

First, General Symptoms.—It is at this period that the strength of the patient appears to give way, and this is evinced in all his gestures. Instead of the incessant restlessness and change of posture, which are remarkable in the earlier stages of the disease, the muscular strength of the patient begins to fail him. He is generally observed to lie still on his back, and rather sunk down in the bed—I mean that his head appears to have slipped from the pillow from want of the very slight muscular power necessary to retain it there. His sleep is nothing more than a heavy or muttering doze. The countenance has a more livid and bloated appearance than it has hitherto put on. Huxham says, “it is more dead-coloured,” (*vide* Treatise on Putrid Malignant Fevers, page 94.) The eyes are more darkly inflamed, and the corneæ smeared with the viscid secretion of the inflamed conjunctivæ and tarsal glands; the opaque portion of the conjunctiva being often somewhat jaundiced. The skin is generally hot, harsh, and dry; which heat and dryness alternate at uncertain intervals with partial clammy perspirations, till at length, towards the latter end of the disease, the clammy coldness becomes nearly constant, and the flushings are either very rare or disappear altogether.

The pulse throughout this stage, however much it may vary in frequency with different patients, has in general a character of great softness and weakness. Its frequency depends somewhat on the part which suffers most from congestion: if the head or chest are the chief seats of the sanguineous accumulation, the pulse is more frequent than if the chief disorder be confined to the abdomen. So also the respiration will of course suffer more when the thoracic congestion is urgent, than under other circumstances.

“The tongue,” to use the words of Huxham again, “grows daily more dark and dry, sometimes exceedingly black; and at the height of the disease

it generally becomes vastly dry, stiff, and black, of a dark pomegranate colour. Hence the speech is very inarticulate, and scarcely intelligible; the lips and teeth are furred up likewise, as the disease still further advances, with a very black tenacious sordes.”

This black tunic is sometimes dependent on a slight admixture of blood escaping from ulcerations which occur about the mouth and internal fauces; or, in the worst cases, from blood flowing from the exhalants themselves without rupture or breach of surface.

The tremulousness, also, which is observed in this stage of the disease arises from irritability, joined, as in this complaint it generally is, with great want of power.

The tongue, which I have just described as tremulous and covered with a dark fur, has its surface sometimes split into dark transverse rhagades or fissures, which are often very sore and painful.

These are what may be called the general symptoms of this stage of the disorder.

Now, however, let us look at those which, in this advanced stage of the disease, belong to continued accumulation of blood in the HEAD. In the first place we shall often observe an unusual pulsation on both sides of the neck, arising from an undulating motion of the blood in the jugular veins, which the heart (now acting feebly) does not receive freely, as it does not empty itself at each systole, so that the pulsation of the right auricle is communicated to the venous trunks in the neighbourhood of the heart. The delirium now changes its character essentially: it becomes more of a muttering, stupid alienation of mind than the active aberration which characterizes the earlier stages of the disease; sometimes the patient becomes simply dull and stupid, rather than delirious. You recollect that we observed that in certain cases of severe cerebral congestion, even in the former stage of this disease, a degree of stupor sometimes occurred, which allowed the patient to answer questions when he was roused, and yet made him fall back again into his former lethargic drowsiness when he was let alone. This state, we supposed, was then produced simply by the pressure of sanguineous accumulation in the cerebral vessels. Now if the same degree of pressure be made by the re-

sult of the congestion, I mean by effusion into the ventricles or between the membranes, of course the same, or nearly the same effect, will be produced on the sensorium by the latter as by the former cause of oppression. As the disease advances, this capability of being roused is gradually diminished till the destruction of the intellectual as well as the physical powers of the unfortunate patient becomes complete. The eyes, besides being inflamed and covered with viscid mucus, and jaundiced, exhibit either a morbid dilatation and sluggishness of the pupils, or an unusual contraction of the pupils in both eyes, or an inequality in the contraction or dilatation of the two eyes, (I mean that one is more or less affected than the other by this morbid change.) This is of course attributable to the pressure on the origins of the optic nerve of the eyes not being equal in both hemispheres of the brain. Deafness often occurs about this time, and has been said by some to be a favourable symptom. It is, in fact, a very old notion, and not true in its simple sense, for I have seen several cases terminate fatally after the individual had been for many days deaf. Some have accounted for the remark by supposing its meaning to be, that on the whole deafness is a more tractable symptom in itself than the opposite state of the auditory nerve, inasmuch as the former (deafness) may arise from simple fulness of the vessels, whilst a great increase in the susceptibility of the organ is a symptom of inflammation. In fact this is like another opinion, which has also the merit of antiquity, namely, that delirium *at the latter end* of a fever is a favourable symptom; which, I presume, means that it is a much more favourable symptom than delirium at the very commencement of the disease: but to return.

The senses of smell and taste are also often vitiated or destroyed from the same cause—I mean the pressure of excessive congestion or of effusion. Every thing appears to be either devoid of odour or offensive to the smell; so also sweet things will either taste bitter or sour, or seem insipid to the tongue and palate. Hence, in truth, it often happens that the sense of thirst ceases at this period, under circumstances of

such dryness of the tongue and fauces as one would suppose were calculated to produce an incessant desire for fluids.

If death ensues from affection of the head, the chief appearance is a copious secretion of serosity in the ventricles, and between the membranes both of the brain and spinal marrow; and if the patient dies in the early part of this effusive stage, some traces of the congestion which led to the secretion of the fluid are still observable.

Now let us turn to the thorax, and consider what would be the particular symptoms marking this stage of the disease when the air passages and lungs are the seat of sanguineous accumulation.

If this is the character of the disorder the breathing becomes hourly more laborious and distressing, as well from the accumulation of mucus in the air tubes and air cells as from the gradual condensation of the lungs; for although the congestion and determination of which we have said so much is in itself at first different from acute inflammatory action, yet the product of its long continuance is certainly the slow deposit of coagulable lymph or fibrine, as it is called, in serous membranes and cavities; hence the hepatization of the lungs under these circumstances, (hepatization is the effect of the deposit of albumen or fibrine in the intercellular serous structure of the lung;) hence, also, fibrinous effusion into the cavity of the pleura; hence, also, the deposit of tubercles, the rudiments of future pulmonary ulceration. These affections of the lungs, particularly their induration, will at once account for that death-looking leaden colour which Huxham remarks, (without explaining its pathology,) as characteristic of this stage of fever.

There is one other effect of the sanguineous accumulation in the air passages which I must not omit to mention—I mean sloughing of considerable patches of the mucous lining of the larynx and pharynx. This is not a very common occurrence, but in the epidemic of last year I met with several instances of it, from one of which I have preserved the preparation which I now exhibit. The fever of the season just mentioned was characterized by intense sanguineous determination to the respiratory organs, particularly

the air tubes. We shall see by-and-by that this morbid appearance is, as far as this mucous membrane is concerned, exactly analogous to the effect produced in the mucous lining of the bowels when an intense accumulation of blood takes place in that canal.

The heart seldom exhibits any morbid alteration of structure in the course of this disease, but it suffers throughout in function, as we before said, from the obstruction to the circulation caused by the condensed state of the lungs, and suffers in proportion to that obstruction; and when the pulmonary affection is severe we find occasionally an effusion of serum in the pericardium. If the chest is not much affected, it is surprising to see, amidst so much constitutional disturbance as evidently exists, how slightly this organ suffers, and how little, therefore, in such cases, the pulse exceeds in frequency, or differs in quality, from the natural standard.

It is at this period, also, that in consequence of the continued accumulation of blood, of which we have so often spoken as occurring in the abdominal viscera, that the liver and spleen become indurated and enlarged, (in the same way as the lungs become hepatised) by the deposit of coagulated lymph in their substances. This may be often found out before death by examining the respective regions of those organs, where a manifest increase of their size and density may be felt through the integuments.

[To be continued.]

INFLAMMATION OF THE EYE.

On certain Methods of treating Acute and Chronic Inflammations of the Eye, lately adopted at the Royal Westminster Ophthalmic Hospital.

BY G. J. GUTHRIE, F.R.S.

IN transmitting to you the accompanying cases, illustrative of certain methods of treating chronic inflammation of the eye, I do not intend to notice at present the various trials which have been made during the last eighteen months, in order to arrive at the mode of proceeding now adopted. It will be sufficient to say, that in no instance has any evil resulted from the remedies employed;

whilst in most cases they have been eminently serviceable. The principle on which they have been used has been that of exciting an action greater, and of a different nature, to that already existing in the part, and therefore they must have been powerful in their effects. I have found them most manageable in the shape of ointments, and I give the preference to the two following—

1. R. Argenti Nitratis, gr. ij. ad gr. x.; Liq. Plumbi Subacet. gtt. xv.; Ung. Cetacei 3j.

2. R. Hydr. Oxymur. gr. iij. ad iv.; Liq. Plumbi Subacet. gtt. xv.; Ung. Cetacei 3j.

The Argentinum Nitratum, and Oxymuriate of Mercury, must be reduced first to an impalpable powder, then mixed with the ointment on a slab, and the Liquor Plumbi added. It may be done in a glass mortar. A double decomposition takes place in either ointment, which naturally diminishes the strength of each; but this change takes place slowly, particularly in the oxymuriate ointment, so that weeks elapse before they become inert. A very sensible difference is felt by the patient between an ointment only two days made and another of two or three weeks' standing, and the stimulating qualities may be calculated according to the state of the eye as well as the strength of the composition. The argentinum nitratum ointment is grey when first made, but soon changes its colour to a brownish black. If the argentinum nitratum be mixed with the ung. cetacei (as I once used it,) without the liquor plumbi, it dissolves more rapidly; when used, the powdered nitrate falls into the fold of the conjunctiva, or rests on the lid, and is apt to cause a slough, which is prevented by adding the lead.

The manner of using either ointment is by introducing between the lids a portion, larger or smaller as the case may seem to require it, from the size of a large pin's head to that of a garden pea. The eyelids being closed, are to be rubbed gently with the finger, so as to diffuse the dissolving ointment over the whole surface of the conjunctiva: a part of it usually, however, works out by the motion of the lids, and should be wiped off (if the nitrate of silver,) to prevent its staining the skin. Both ointments cause pain: in some persons it is considerable, in others less so, lasting from half an hour to an hour

and a half; and, when the ointment is newly made, sometimes for four hours, and even until the next day. On the subsidence of the pain caused by the ointment, that which previously existed is found to be relieved, if not entirely removed; and, on the subsequent day, the patient usually acknowledges the benefit he has received with regard to all the symptoms. When the application has been severe, and the patient very irritable, a state resembling white chemosis occasionally takes place, and appears formidable to a person unacquainted with the effect of the remedy: it soon, however, subsides. The eye should be fomented with warm anodyne fomentations.

I rarely repeat the application until the third day; but the feelings of the patient are the best guide, the return of some of the old sensations indicating the necessity for its use, which should be, if possible, anticipated. In some cases of acute inflammation, two or three applications will arrest the progress of a serious disease, and effect a cure. In chronic cases, the ointment must be continued for a considerable time, and occasionally alternated with other remedies. Where they create a state of regularly increased irritation, as they sometimes will do, cupping, purgatives, &c. are of service; when the remedies may again be resorted to*.

In the various trials I have made with these applications, and others of a similar nature, I have generally used purgatives, sometimes mildly, sometimes severely; and very often serious complaints have been treated successfully without any internal medicine. In some cases they disagree altogether, but then it is when they have been called upon to do that which ought not to have been expected from them. I do not consider them as specifics for all diseases, but as remedies capable of doing an infinity of good under proper management.

I have made these few observations in order to draw attention to them, and to the principle on which they are used. Any explanation which may be

desired, or which curiosity may incite, will be given any Tuesday or Thursday morning, at half-past twelve o'clock, at the Ophthalmic Hospital, the doors of which have always been open to every practitioner.

I am, Gentlemen,

Your obedient servant,

G. J. GUTHRIE.

Lond. Med. and Phys. Journ.

Sept. 1828.

SINGULAR TUMOR.

To the Editor of the London Medical Gazette.

SIR,

IF you deem the accompanying case worthy of a place in the Medical Gazette, you will oblige me by inserting it at your convenience. The disease is new to me and may be so to others: if, however, you think, from my account of it, that it is well known to those whose opportunities of investigating such diseases are more abundant than mine, pray do not publish it. I have the honour to be, Sir,

Your obedient servant,

W. J. WICKHAM,

Surgeon to the County Hospital,
Winchester.

August 20th, 1828.

Sarah Oram, æt. 7 years, with light hair and fair complexion, was admitted under my care in the county hospital, on the 29th of Nov. 1826. The annexed plate will give an accurate representation of the excrescence on the upper lip, for which she applied*. It had existed about eighteen months. It commenced as a common scab, the sore of which bled frequently on the separation of the crust. By the continued flow of blood, and its commixture with the secretion from the excoriated surface, an incrustation formed and gradually increased till it became as large as, and of the shape of, a mulberry. The parents stated that the excrescence had been several times removed by ligature, and in one instance the sore beneath had been touched with caustic. Notwithstanding this it was as quickly reproduced.

* It is curious to see the feelings manifested by different persons. Some, indeed nearly all, subjected to the use of these ointments at the Ophthalmic Hospital, asking to have them applied; others fearing the pain, but satisfied of the benefit received, and choosing their own days, and which eye, when both are affected.

* The plate, which is left at the publishers', represents the face of a child with an excrescence, having, as to size, shape, and colour, exactly the appearance of a full-grown ripe mulberry, projecting outwards from the left angle of the mouth.
E. G.

It appeared to me that the most effectual mode of treatment would be the extirpation of the whole part concerned in its formation; and thereby the destruction of those vessels which seemed to secrete it. This was accordingly done as in the case of a cancer of the lip, and but little deformity remained. Each formation of the excrescence had the same figure and appearance as the one at the time of admission.

CROTON OIL.

To the Editor of the London Medical Gazette.

SIR,

BE so kind as to insert the following Letter on the Croton Oil, and you will oblige one who subscribes himself

A CONSTANT READER.

It is known to most practitioners in this country that the purgative we possess in the Croton Oil is, in many cases, a powerful but dangerous remedy—to few that it may in any case be administered as a safe and gentle one. The object of this communication is to point out the form in which it can be best administered, to explain its operation, and the cases and constitutions in which it can be safely applied.

As far as my experience with it has gone, I have been decidedly led to prefer its exhibition in the form of pill, combined with compound extract of colocynth or extract of rhubarb, and a little oil of cinnamon. This form is much less objectionable than a fluid preparation, the acidity of which causes considerable uneasiness in the fauces, œsophagus, and stomach. The oil of cinnamon covers its disagreeable and nauseous smell. It may in some cases be employed advantageously mixed with gruel, and used as an enema. The quantity contained in the pill should vary from half a drop to two drops, and no more. The enema might, for an adult, contain two drops.

In about an hour or two after its passage into the stomach the patient usually complains of pain in that organ, accompanied with languor and lassitude, and soon afterwards nausea, retching, and vomiting. The vomiting is not an invariable effect. The pain extends to the abdomen, and becomes

true griping, and the bowels are evacuated freely and copiously. Its operation is completed most commonly in three hours from the time of taking it: it appears to have the power of completely clearing the alimentary canal of all that it had previously contained.

The cases and constitutions to which it is most adapted are those of obstinate constipation, without mechanical obstruction, in robust habits. It must have occurred to all in the practice of medicine to have met with constipation where our ordinary purgatives had no power whatever: in such cases the Croton is invaluable. It may be given to women in the constipation of pregnancy; but the practitioner should be aware that, in such cases, prudence should point out the greatest caution.

VALUE OF BOTANY.

To the Editor of the London Medical Gazette.

SIR,

THE humour with which EBLANENSIS has descanted on my remarks, and the strain of ridicule in which he has indulged, although highly amusing, afford little that is substantial as argument, and nothing that weakens my position: he has merely distorted my remarks in the parabolic mirror of his own imagination, and then entertained your readers by ridiculing the grotesque ideas which seek their prototypes in his mind alone: therefore, until arrived at the last sentence in his letter, I did not perceive any absolute necessity for rejoinder on my part; but as, in concluding, he states that he should have been "grateful for any thing in the way of correction or improvement," and that the "something" I wished to say is to him "by no means so evident," I doubt not your liberality and sense of justice will allow me to re-state what that "something" is, in terms so plain that it cannot fail to be intelligible (as the journals have it) "even to the meanest capacity;" and this the more especially, as by so doing you will ensure the "gratitude" of one correspondent, and the thanks of another.

In the first paragraph EBLANENSIS observes, I "surely cannot attempt to call my letter a defence of botany:" I

never so called it, and never wished it to be so considered. Botany, I trust, needs not my humble pen to be wielded in its defence. I only hoped my letter might be what he has politely called it, "a modest protest, or remonstrance, against what he had advanced;" and yet I cannot perceive the consistency of this declaration in the beginning of his reply with that at its conclusion; for if it be "a tirade full of sound and fury, and signifying nothing," it cannot, even "taken in the most favourable point of view," be a *modest* protest, &c.

EBLANENSIS asserts, I proved "that diagnosis is not botany:" the inference is not mine, but his. The matter stands thus: EBLANENSIS, in his first letter, q. v. declared that "the chief business of botany is the naming of its tools;" and how did he prove this assertion? *He said it, therefore it is;* or, as he explains himself, he heard an anonymous professor say so—*ipse dixit, ergo sit*: no doubt a very satisfactory argument. This reminds one of Sir Oracle, indeed.

That I was not wholly misunderstood appears evident from EBLANENSIS endeavouring to refortify his position; for in his last letter he states that more than nine-tenths of all the systematic botanical works that ever fell in his way "were totally occupied with definitions, divisions, descriptions, classifications, and systematic arrangements." If he has not seen other botanical works than those the chief business of which "is the naming of its tools," I cannot help it—his botanical reading must have been very confined. Other works are to be seen; but perhaps he will not see, and we know there are none so blind as such. Grew's folio work is almost wholly physiological, so is Malpighi's, so also Hale's Veg. Statistics, &c. &c. not to mention Mr. Keith's two very valuable volumes, the Monographs of Knight, and others in the Philosophical, Horticultural, and Linnæan Transactions; the works of Mirbel, Dutrochet, Dupetit Thonars; or even the "never-ending, obtrusive, and nauseating articles," the works of our best naturalists in our best Encyclopedias, viz. Rees', Brewster's, the Britannica, the London, &c. many of which are physiological likewise. On referring to Smith's, which I presume is the introduction alluded to by EBLANENSIS, I find that it contains twenty-

four chapters, the eleven first of which, with the 14th, 16th, 20th, and 21st, are chiefly physiological; six other chapters partly so, and only the last three dedicated to systematic arrangement.

Thus, as the botany I am concerned to vindicate does not chiefly consist in the naming of its tools, nomenclature being its least interesting and important part, I must again suggest the probability that such is not the science to which his remarks apply; and as to that superficial and imperfect study "the chief business of which is the naming of its tools," I commit it to his vituperation; but then he must remember that it is *his* botany, and not the botany of the schools that he condemns. Yet, if possible, I would attempt to reconcile him a little even to his own superficial botany, and show that the diagnostic branch, although, when isolated, an empirical art, is not without its use; for I fear, although *decies repetita*, the subject hath not yet been duly weighed. Has EBLANENSIS never read of a mortal disease which ravaged the herds of Sweden, and which baffled the ingenuity of man either to remove or to evade, until a botanist discovered that it arose from the cattle feeding on the *cicuta virosa*; and the plant being destroyed, the plague ceased? I quote this instance in preference to many others, because it is mentioned in Smith's introduction before alluded to. Without botanical knowledge how could we procure or ascertain the genuineness of many powerful remedies derived from the vegetable kingdom? Perhaps EBLANENSIS would rely on the illiterate herb-gatherers; but even the signs they empirically use are derived from the science he derides. Has he never heard of bryony root being substituted for calumba; verbascum leaves for digitalis, &c.? Into one of our largest drug factories a quantity of *ænanthe crocata* was brought instead of conium, and had not the mistake been discovered by a botanist, what might not have been the result! This same plant has also been mistaken for celery, many lives being put in peril and more than one destroyed.

He accuses me of "begging the question:" hear him. He states, that "most of the other sciences tend to develop the faculties, imparting a comprehensive and expanding influence; but botany, numerous instances shew, has a tendency of

quite an opposite character." These instances are not given: in fact, here is a conclusion without premises—a conclusion that is not only doubted but denied—in short, a begging the question. To prove a negative is difficult: I therefore only asked whether botany could have such effects when Ray, Grew, Sloane, Haller, Linnæus, Bankes, &c. were deeply skilled in botanic lore; and yet so far from being men of contracted, moral, and intellectual qualities, they were brilliant instances of enlarged and liberal minds. There are, no doubt, persons endowed with a "very moderate share of intellect" connected with botanical as well as other learned societies; but I put it to EBLANENSIS, whether such are not rather the accidents than the effects of science. He states that botany has such a tendency, without giving any one instance: I give instances where it has not, and ask whether it can necessarily have such a tendency; this he calls begging the question.

EBLANENSIS seems somewhat to have changed his ground: in his first letter he stated authoritatively, "Botany is in a declining state; the time is not very far distant when it will have completely dropped off as a *useless* branch of medical education"—"For the purposes of the healing art botany is positively *worse* than *useless*."

Now what he objects to is the making it a "sine qua non." I did not say it should be a "sine qua non," though I am far from saying it should not. Botany does not form one of the most important, neither is it one of the least important, branches of medical education: as it indicates many very powerful remedies, as among plants are to be found the simplest forms of organic life, the simplest types of absorption, respiration, transpiration, &c. it is for the purposes of the healing art positively much more useful than many other studies which are, and very properly, required. It is much more immediately useful than classical or mathematical learning, or even than dialectics; and, whatever he would do with the former, I presume that EBLANENSIS would not exclude the latter from his course of studies. He formerly stated, "that botany contracts the intellectual as well as moral qualities; that while most other sciences tend to develop the faculties, imparting a compre-

hensive and expanding influence, botany has quite an opposite tendency;"—"that Rousseau was as much an enthusiast on this as on many other subjects equally *useless*." Now he says, "Botany I admit to be an amusing and perhaps a *harmless* pursuit." And again, "I would advise those who have a taste for it to gratify their bent." Now, if it be a *useless*, it cannot be per-*any*-haps a *harmless* pursuit: if it contracts the intellectual as well as moral qualities; if it hath a tendency of quite an opposite character to developing the faculties and imparting a comprehensive and expanding influence, his advice to those who have a taste for it to gratify their bent is very bad and ungenerous advice; and the opinions of any one who, with such convictions, can give such advice, deserve to be taken "*cum grano salis*."

Yours respectfully,

A BOTANIST.

Sept. 1, 1828.

ARABIAN TREATMENT OF PLAGUE.

To the Editor of the London Medical Gazette.

SIR,

IF the following curious paper, communicated to the Asiatic Society of Paris by M. Amédée Jaubert, and published in their Journal for June 1827, possess any interest, its insertion in the London Medical Gazette will be considered a compliment by the translator.

J. H. P.

London, Sept. 1, 1828.

Upon the Treatment of the Plague by the Arabs of Africa.

M. Cochelot, known by the interesting relation which he has published of his captivity on the Western coast of Africa, has brought from that country a formula written in the Arabic language, and engraved, as it appears, at Lisbon, through the care of some friend to humanity. We consider it our duty to transcribe this piece, and accompany it with a literal translation—not, as may be easily imagined, in order to offer any opinion whatsoever upon the efficacy of the proposed remedy, but only to give

our readers an idea of the present pharmaceutical style of the African Arabs.

Here follows the Arabic text, copied from the original formula.

(*Translation.*)

‘In the name of the compassionate and merciful God.’

‘All good comes from God, and his creatures have no other power than that which was granted them by the most High. Thanks to his mercy, the children of Adam have found great benefit from the use of oil, not only as a drink but as wherewith to anoint and purify themselves; but, independent of these three uses, God has assigned a fourth property to the same, in behalf of those attacked with the plague. From the first moment of the setting in of the complaint, the patient should drink a certain quantity of oil, as much as he possibly can, five or six *okia* (ounces) at least. All he drinks above this quantity will but do him good. After having drank this oil, he is to anoint the whole body with tepid oil; he is then to lie down in bed, where he is to cover himself well up, in such a manner as to procure a profuse perspiration, for the perspiration is the harbinger of tranquillity. (After this treatment) the patient will experience more and more relief, with the help of the most High. Health and power (in every thing) are in the hands of God; there is no other than him.’

T. H. P.

ANALYSES & NOTICES OF BOOKS.

“L’Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D’ALEMBERT.

Analysis of Dr. Baron’s Views with regard to the Formation of Tubercles, &c.

THE following communication contains an account of Dr. Baron’s views, chiefly made up of quotations from the various works of that well-known pathologist, and is interesting as giving his opinions in a continuous and condensed form. On this account we have given it a place, and from its nature have deemed this the department of our Journal to which it most properly belongs.

Our correspondent is under mistake in supposing we have been guilty of any neglect towards Dr. Baron; and we look upon the inference—that we are unacquainted with his works because *our reporter* does not refer to them in describing a tumor in the neck—as, to say the least of it, somewhat hasty. The only work published by Dr. Baron since this Journal has been established was noticed *immediately* after its appearance, and the parts which we thought most interesting were extracted.

Our correspondent is also mistaken in attributing to us the observations appended to the hospital cases: they are the remarks of intelligent pupils, who naturally and properly give the opinions of their teachers, without attempting to advert to all that others may have written upon the subject.

To the Editors of the London Medical Gazette.

“Ecce iterum Crispinus!”

SIR,

I know not whether the re-appearance of one of your correspondents may afford you the slightest gratification, but as we parted some time back with assurances of mutual regard, you will perhaps have no objection to a renewal of intercourse with “an old friend,” even under his former “sign manual” of M. D.

A very interesting subject, more than glanced at, yet but slightly touched, in your No. 38, well deserves to occupy a larger portion of your pages, as well as of professional attention, than it has hitherto done; and as my own inquiries and opportunities have for some years past been a good deal engaged in the investigation, I think that it may be in my power to assist some of your readers by direct reference to published authorities, which, from your silence, would appear to be either unknown or unacknowledged. But, first, to state the subject matter, as more immediately suggested to me by an account of a tumor in the neck, at Guy’s Hospital, as reported in page 380 et seq. of the Medical Gazette for August 23, 1828. I take for granted the accuracy of the history, description, and dissection of the tumor, and also the propriety and completeness of the operation for its removal: my business is chiefly as re-

gards the views and opinions of those who have hitherto treated of such tumors with respect to their origin, formation, progress, and termination. In the works published by Morgagni, Boerhaave, Bidloo, Haller, De Haën, and Ruysch, many cases are to be found which throw a strong light on the general subject, though not brought forward by the respective narrators for the special purpose of establishing that view which I deem the correct one.

As for the "opinion of the mode in which nearly all the new structures met with in the human body are produced," you, Mr. Editor, have erred widely if you attribute it to a discoverer of the London school. The origin of those tumors, their mode of formation and of growth, together with their progress from the incipient state to that enormous size and weight (stated in your account of the tumor examined at Guy's Hospital on the 12th of August), have been for several years treated of and elucidated in a very elaborate and truly scientific way. It therefore gives me, I confess, no little surprise that the learned dissector of that tumor, as well as his commentator, should appear to be unacquainted with much of what has been already before the medical public regarding the nature and manner of growth of such tumors, whether internal or on the surface of the human body. You, Sir, and the conductor of the post mortem examinations at Guy's, seem not to be aware that, so far back as the commencement of the year 1819, Dr. Baron published a work on the nature of tuberculated accretions, and the origin of tubercles and tumors in different textures of the body; and that, in two subsequent publications on the same topics, he has continued his investigations to the present year. In these works he has adequately discussed the different opinions and points at issue respecting the mode and formation of these tumors; and, in my mind, fully established his own views of the subject—namely, that all such tumors have their origin in vesicles or cysts; and that the diseased action commences in, and belongs chiefly to, the system of the absorbents; that whether tumors became in their progress scirrhus, carcinomatous, or encephaloid, they all arose from one common origin—viz. cysts or vesicles. As to the distinction now attempted to be taken between cysts and

hydatids, it is not of the slightest moment with reference to the pathological question; and, as regards the zoological or etymological part of the argument, Dr. Baron never held it to be of any importance; indeed he has uniformly not only avoided it in the discussion, but has absolutely dissuaded from entering into it at all.

I should, Mr. Editor, content myself with this short notice of the subject, did I not feel that, highly interesting and important as it undoubtedly is, you have never once referred your readers to the mass of evidence and of just inference with which these treatises of the author I have named abound. Can it be that you have not read them? or that, having done so, you think it becoming the office of a medical reporter to *ignore* them by this frigid observation? "Dr. H. remarked that this (his) opinion was not quite original, but that most of those who had entertained a similar one, had spoken of the cysts as hydatids." And admitting that they had, what then? Is the term hydatid, however explained or defined, proscribed from medical language? Does its use, however limited or guarded, invalidate medical facts, or vitiate medical reasoning? Dr. Baron himself says, "The injudicious adoption of terms is a fertile source of error. This I conceive, in some degree, to have been the case with the word hydatid. The etymology of that word, and the ideas which are naturally associated with it, have restricted its meaning, and our inquiries too, insomuch that we have scarcely ever meditated on these bodies in any other character than that which their name designates. The power of that name seems almost to have prevailed in opposition to the testimony of our senses: for though the transformations of the hydatids had been seen going on by different observers; though the same tumor had been found to contain all the gradations of substances, from the simple watery vesicle up to the scirrhus or cartilaginous texture; though Boerhaave and others had referred distinctly to these transformations; though Dr. John Hunter supposed they might occur, and Dr. Jenner had proved that they actually did occur, and thereby formed tubercles in the lungs; it is remarkable that such facts have neither influenced the opinions nor reasonings of medical men." Indeed, so completely

had Dr. Baron previously guarded against any abuse of the term hydatid, that we may well be surprised how a mistake could arise from its being employed by him. He has thus cautiously expressed himself:---“Admitting, for the sake of argument, that hydatids are animalcules, it has, I trust, been shewn that it is to the loss of the hydatidal character altogether, and the transformations of those bodies, that the morbid appearances in this, and many other diseases, are to be referred.” “This is the broad ground upon which I wish to rest my view of the subject. My design has been to prove that such transformations do take place, and occasion a great variety of disorganizations in the animal frame; and I consider that the question, as far as pathology is concerned, has nothing to do with the speculations respecting the origin and vitality of the hydatids.”---(See “Enquiry illustrating the Nature of Tuberculated Accretions,” &c. &c. pp. 277, 278, Part II.)

Having defined his acceptation of the term hydatid, Dr. Baron proceeds thus: “It is probable that all tubercles, wherever situated, and of whatever substance composed, were at their commencement small vesicular bodies, with fluid contents. It is impossible to say how minute they may have been at their origin, or how large they may grow before their transformations begin; nor are we acquainted with the circumstances which occasion such transformations.” Again, “Though the contents of different tubercles vary very much, it is not usual to find a variety of textures and substances in the same tubercle; yet this is an occurrence which is perpetually met with in tumors: and this very striking and instructive circumstance must be well considered while we are endeavouring to explain the growth of such bodies.”

“It is not known how the changes in hydatids are effected, but to these changes certain tubercles owe their existence; and on the size and relative position and structure of the tubercles which are so formed depend the characters of many of the most formidable disorganizations to which the human body is exposed.”---(See p. 215 of the “Enquiry” already referred to.)

“Cases of cancer, of tuberculated sarcoma, of fungus hæmatodes, and

many other varieties of morbid growth, may be demonstrated, by the very descriptions which the authors themselves give, to have been formed as I have described.”---(See p. 228 of the same work.) Of this position, the cases of those diseases, and the morbid appearances on dissection, as given by Mr. Langstaff, in the 9th vol. of the *Medico-Chirurgical Transactions*, are strongly corroborative, and are quoted by Dr. Baron in pp. 232 to 240 (inclusive) of his “Enquiry.” He adds, “the facts are recorded with great accuracy and minuteness. Let the reader compare them with the history of hydatids as given in the foregoing pages; let him remember what has been said respecting the probable origin of those bodies; but more especially let him bear in mind what has been demonstrated to be their condition in the different stages of their transmutation: next let him recollect how tumors have been proved to be formed by their union, and he will find a chain of facts leading him in the most direct manner to the conclusions which it has been my object to establish.”

“It can but rarely happen that we have an opportunity, in the human subject, of seeing the first step in the morbid phenomena which I have attempted to trace; because the tubercles are generally formed, and the hydatidal character, of course, is in a considerable degree lost before death permits us to make inquiries respecting morbid structure: but the lower animals present us with the means of removing all ambiguities which such causes occasion. There all the changes may be distinctly seen. From such sources the descriptions given in the first part of this work were chiefly derived; and the best proof of their accuracy is their perfect accordance with all the morbid appearances which different observers have detected in tubercles and tumors. These disorganizations were, in the first instance, pursued through their various changes, from the hydatid up to their highest state of density and consolidation. The descending series has been nearly as complete. We have seen the obliteration of the tuberculous character altogether; then its partial, and, finally, its perfect appearance, in the same morbid mass. Next, we have tubercles with contents of various de-

degrees of consistency and of various characters, till we arrive at the perfect hydatid."---(pp. 241, 242.)

In another part of the same work Dr. Baron says, "Let the reader call to mind what has been said respecting the contents of tubercles. Next let him suppose that each of these bodies may have a different structure; that one may be scirrhous or cartilaginous, another may contain a pulpy matter, a third a fluid like cream, and that a fourth may possess its original character of an hydatid; or that any of the other varieties of substances, or fluids, which are detected in such bodies may be there. Again, let him suppose that each tubercle was at first separate the one from the other; but that, as they increased in size, their distances from each other of course diminished, and that ultimately they came in contact and united. What would be the result of such an event? A tumor would be formed divided by septa, and containing substances of various descriptions. But suppose that the tubercles had proceeded simultaneously in their changes, and that they did not differ in their structure: in that case, the tumor formed by their union would, of course, have a greater uniformity of appearance. The original divisions might, in some places, be visible, and the tuberculous character likewise; but both may be obliterated; and, instead of a structure marking the boundaries and arrangement of the elementary parts of the diseased mass, we may find the whole transmuted and condensed into a solid substance, with little or no variety of texture.

"In this way various tumors are formed; and the facts which have been brought forward to elucidate the different steps of this process seem to throw light upon many of the most puzzling parts of a very obscure branch of pathology."

"I wish not to extend the doctrine contained in this discussion beyond its due limits; for, possibly, there may be examples of diseases of this class to which it does not apply. But let it be at the same time remembered that we are not, at present, treating of any speculative question; and I wish it to be entirely kept separate from all doubts or reasonings which may be entertained as to the origin of hydatids, and their conversion into tubercles.

That such tubercles as I have described do exist, and that they grow and unite in such forms as I have represented, admits of a demonstration far more complete than we can in general look for in our profession."---(See pp. 221 to 224.)

After adducing various cases and dissections in support of these views, Dr. Baron very justly arrives at this conclusion:---"By the facts that have been now adduced, I consider the position which I have advanced to be very fully established; and any one may find other proofs by consulting the cases which have been detailed by other authors. In this part of the inquiry I do not feel it at all necessary to contend for any thing but the tuberculous and encysted character of the elementary parts of this disease; and that here, as in other instances, the morbid appearances depend upon the "number and size, and contents of these cysts, and their arrangement in the morbid mass."---(See p. 273 of "Enquiry," &c.)

On the evidence which I have already placed before you, Sir, I might safely rest the proposition with which I set out: yet, as the whole subject is among those most important to the practical physician, you will perhaps admit the propriety of "line upon line, and precept upon precept." I shall, however, endeavour to be brief in what remains to be said.

In the "Illustrations of the Enquiry respecting Tuberculous Diseases," published in 1822, we find the following propositions distinctly laid down by Dr. Baron:—1. That tubercles exist in almost every texture of the body, and that their origin and essential character will probably be found to be the same, wherever they are discovered. 2. That tubercles, in their commencement, are small vesicular bodies (*i. e.* hydatids), with fluid contents.

3. That these bodies subsequently undergo transformations, on the nature of which their tuberculous character depends; that these transformations are progressive, but not uniform, and that it is only in the larger bodies of this kind that they can be accurately traced; that they commence with an opaque spot, which advances with different degrees of rapidity, and ultimately converts both the contained and containing parts into substances very different from what they were at first.

4. That on the size and relative position and structure of the tubercles which are thus formed, depend the characters of many of the most formidable disorganizations to which the human body is exposed.

5. That considering the transmutations which these bodies undergo, the condition in which they may be found will be modified by the time at which they may happen to be examined.

6. That it is rarely we can have an opportunity of seeing the first steps of these morbid phenomena in the human subject, because the tubercles are generally formed, and the elementary character of course lost, before death permits us to make inquiries respecting altered or morbid structure.

7. That some tumors are formed by the aggregation of tubercles, and that the characters of such bodies are materially influenced by the relative position and contents of the elementary parts of which they may happen to be composed; or, in other words, that "varieties in the arrangement of the elementary parts of morbid growths will, of course, cause corresponding varieties in their appearance."

8. That, therefore, diversity of appearance in tubercles, or tumors, does not imply diversity of origin, for it has been demonstrated that substances and textures of very different properties may be found even within the same cyst, thereby merely denoting different gradations in the changes to which these bodies are liable.

9. That the disorganizations above referred to are not the product of any species of inflammation; and that, though inflammation may attend their growth, and modify the symptoms which they occasion, yet that it is very different, both in its origin and consequences, from that species which attacks a part unaltered by previous disease; and that, in the first instance, it is to be considered as the consequence, and in the latter as the cause, of altered texture.--- (See pp. 4, 5, 6, 7, of "Illustrations of Enquiry," &c.)

It is not my intention to trespass farther on your space at present, by following Dr. Baron through his clear and luminous "Illustrations" of a pathological subject, theretofore dark and unexplained. Suffice it here to say, that in this his second publication on the nature and origin of tumors, as

well as in his recent "Delineations of the changes of structure that occur in man and the inferior animals," he has laid down so plainly, and elucidated so clearly, what I will call the "*principia*" of all such diseased actions, that I have no hesitation to consider them as now established, at least in the opinion of those who have dispassionately weighed the evidence, and divested their minds of preconceived notions. I have the honour to remain, Sir,

Your very obedient servant,

M. D.

September 1st, 1828.

Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity. By G. M. BURROWS, M.D. Member of the Royal College of Physicians of London, &c. &c.

(Continued from page 405.)

PART II.

COMMENTARY I.

WE resume our analysis of Dr. Burrows' interesting work, passing over some observations on metastasis, fatal diseases consequent on insanity, climate, &c. that we may arrive at the "Division of Insanity."

Dr. Burrows regards the endeavour to give a definition applicable to all the different forms of insanity as a mere "*ignis fatuus* in medical philosophy," and therefore attempts none, but confines himself to a simple division of the most conspicuous forms in which the disease appears.

The various terms employed to denote the malady under consideration are then successively commented upon, and the preference given to the one used in the title of the work; viz. *insanity*.

COMMENTARY II.

Character of Insanity.—Sometimes we meet with persons of superior mind who, though considered sane, conduct themselves so unreasonably that none can agree in opinion with them. Some give way to the first impressions; others harbour prejudices uncontrolled by reason; and others indulge in reveries, regardless of all around; but although, according to our author, these individuals be "morally mad," they are not considered to be physically so. "In

the common acceptation, that person is insane or mad, or in a delirium, when any single or several faculties, which synthetically constitute the mind, exhibit signs of disordered function, and of such disordered function delirium is the pathognomonic sign." The ways in which this "waking dream" manifests itself are infinite, affecting the mental attributes, and frequently involving the external senses.

"In insanity, the faculties of memory, imagination, or judgment, may be increased or exalted, perverted or depraved, weakened or diminished, suspended or abolished. In the beginning of many acute diseases, also, there is more aptitude, choice, and felicity of expression and perspicuity, than the ordinary capacity of the patient evinced. This increase and exaltation of the natural qualities of the mind, in the commencement of acute disorders, is remarked by ancient authors, and thence it was inferred to be the effect of divine inspiration. It was likewise observed by them, that towards the end of ardent and fatal fevers the attendant delirium will subside, and the mind exhibit a quickness and sublimity never manifested in health.

"Authors abound in histories illustrative of these mental changes. *Aræteus** and other ancients, and some of the moderns, go still further; for they affirm that insane persons exhibit spontaneously an intimate knowledge, nay even a proficiency, in the abstruse sciences, or in poetry, music, painting, languages, or the mechanical arts, who, previously to their insanity, were unacquainted with the elements of the several acquirements thus displayed. I cannot say that I have ever yet discovered an intuitive philosopher, astronomer, or classic, among those whom I have had under my care; but I have certainly met with instances among them where a talent has been elicited or a taste evinced for polite literature, poetry, music, or the arts, which was never before suspected: a disposition to rhythm is common among the most uneducated of the insane. But comparatively with those whose talents are really heightened, or new ones elicited, the number in whom they are deteriorated or suspended is infinitely greater. Still more numerous are those whose natural or acquired

qualifications are wholly, or in great part, absorbed by their mental delusions.

"One lunatic will conceive that he possesses a musical genius, when he can neither play on any instrument nor knows a note of music; another that he is a poet, without a ray of poetical inspiration or expression; another that he is a great linguist, but speaks only his mother tongue; another that he is a prodigious mechanic, and can raise the globe from its orbit without the fulcrum Archimedes required. Such visionaries are never disconcerted, nor evince shame, when their attempts prove abortive.

"Others, again, are visionaries of another cast: one will fancy himself a deity or a potent monarch, or that he is made of glass or butter; but each will properly regard what is due to his rank or his safety: the Deity will demand adoration, the monarch profound respect; he who is made of glass will take extraordinary care to guard his person from injury; and he who is composed of butter will avoid the fire."

With regard to the external senses, we are told, "the sense of hearing usually suffers the first and most. Their fancies 'impart to things inanimate a voice,' and whisperings, or loud and strange noises, as of talking, movements of animals, machines, and sometimes ventriloquous sounds, are imagined. The taste and smell are occasionally singularly perverted. The most disgusting matters, even their own ordure, is eaten; while they will reject with horror the purest and most nutritive food. The sense of touch is often so much impaired that it does not rectify the errors respecting size, form, or weight of substances."

The delirium which prevails in insanity has a character distinct from that of fever. The patient is able to distinguish one object from another, but he will imagine a perfect stranger to be an intimate friend or his greatest enemy. He may know that he is in a house, but transforms it into a palace or prison; in short, into something different from what it is. He converts new objects into what they are not, and imaginations into realities.

Fever has been regarded by some as a necessary accompaniment of insanity, but this is contrary to the opinion of our author, who observes, "I have

* *De Furore*, cap. xvi.

never seen a case of pure mania or melancholia accompanied by real pyrexia, except when some other acute affection attended, of which the fever was a symptom.

"In violent mania, a preternatural heat of the surface and a hurried pulse are very common; but when this heat is general, or there is an accelerated pulse, it is usually the effect of vehement muscular exertion, and the skin is moist. Partial heat, especially about the head and throat, is much more common. From this state of the skin and pulse, actual fever in mania has been inferred. But the pulse is often slow and small when the skin is hot; and if blood be drawn during this supposed state of fever, it will not present any indication of that condition. It should be remembered, that if blood be abstracted immediately after, or during a violent maniacal commotion, it will put on a buffy coat, as blood always does after excessive muscular exertion or exercise; but this must not deceive us into an opinion that real fever therefore exists.

"If universal pyrexia, with a quick pulse and thirst, attack an insane person, and persevere, the presence of fever is manifest, and it should be treated as such; but the patient in such case should be attentively examined, for it usually, though not always, denotes the approach or presence of some acute disease."

The form of insanity connected with physical love is treated of at some length, and this part of the volume contains various interesting remarks. Erotomania, according to the experience of Dr. Burrows, is not common in England; a circumstance, perhaps, to be attributed to the greater degree of moral restraint exercised among us. Among the causes mentioned by Esquirol as producing nymphomania, are ulcers in the neck of the uterus; this at least occurred in two cases; but our author doubts the accuracy of Esquirol's opinion regarding the terms *metro-mania* and *furor uterinus*, as solisms in medical nomenclature. It is however remarkable, as connected with the cases above-mentioned, that Lisfranc states that sexual desire is so much increased after operations on the neck of the uterus, as to constitute a motive for detaining the patients till some time after the wounds are entirely healed.

It is important to keep in mind that "gratification never cured satyriasis or nymphomania."

Among the most important of the phenomena which mark the physical and moral characters of madness, may be enumerated, physiognomy, position, sensation, muscular powers, fasting, and odour.

The most important circumstance mentioned by our author, with regard to the physiognomy, is the great assistance to be derived, in some forms of insanity, from the eye; above all, where a tendency to suicide exists. "The look, in that case, can scarcely be mistaken by the practised observer." No attempt is made to describe the expression; nor, indeed, is it possible for words to convey distinct ideas on such a subject. Nothing strikes us as worthy of remark with regard to position; but the following instances illustrate very forcibly the extent to which sensation is sometimes modified.

"A gentleman, aged thirty-six, insane, with a strong hereditary predisposition to suicide, contrived, during the temporary absence of his keeper, though his legs were fastened together, to kick a hole in the fire-guard, and thrust his feet into a quick fire, which he made more fierce by tearing up a book, and thrusting the leaves in. He was found a few minutes after, sitting very composedly in this position. His toes, and part of one foot, were severely burnt; the other escaped with a smart scorching. In the burnt foot, inflammation, extensive and deep eschars, and mortification, with sloughing of the muscles and tendons, followed; and, finally, all the bones of the toes, and some of the metatarsal bones, sloughed away. The cure of this foot occupied more than a year; the scorched one soon got well. But neither during the combustion of the toes, nor for months afterwards, upon removing the diseased parts, or dressing the wound, was any pain expressed. But when the mind improved, and the desire of suicide diminished, which it did long before the wound healed, he complained violently of the pain he suffered from it, or when it was dressed.

"A French dragoon became insane from a *coup de soleil* during the Spanish campaign. In his delirium he found means to get at a vessel on the fire filled with boiling water, of which he drank, at

a draught, about a pint, and then quietly returned to his bed. He remained two days without eating or drinking, and without complaint, though his mouth was much inflamed and eschars had formed. Six days after this circumstance, an abundant pyalism came on, which was succeeded by a copious diarrhoea; and in three or four days afterwards he recovered his health and intellects."

"A Venetian shoemaker, in a fit of religious enthusiasm, emasculated himself, from the effects of which he with difficulty recovered. After which he chose to imitate the crucifixion of the Saviour. He first made a large wound in his side, and stretched his body, and attached it to a cross by nails driven through his feet and hands, and thus suspended himself in the front of his house. He was taken down and removed to the hospital, where ultimately he was cured of his wounds, but not of his insanity. The surgeon, Cæsar Ruggiéri, who attended him and published his case, reported, that in his lucid intervals he suffered cruelly from the agony of his wounds; but during the exaltation of his delirium he appeared to feel no pain."

The violent excitement of the brain in insane persons gives rise to an astonishing increase in their muscular powers: the same phenomenon is frequently witnessed, though to a less extent, in hysteria. It is of importance, however, to keep in mind that these feats of muscular exertion are by no means to be taken as a measure of the patient's real or vital powers. The paroxysms in which they are displayed are naturally followed by exhaustion, which is of course aggravated, often to a formidable extent, if depletion has been injudiciously resorted to. Mental abstraction seems to increase muscular power, particularly as regards the continued exertion required in loco-motion. Thus Dr. Burrows saw an insane officer, in the Military Asylum at Chatham, who was constantly walking to and fro on one particular spot, and rubbing his hands: this exercise he invariably continued during the whole period allowed by the regulations. A year afterwards, on visiting the Asylum again, our author still found him walking and rubbing his hands. Such patients suffer as much from depletion as those in a quieter state. It is a mistake to suppose that the insane

bear fasting with less injury than others; and the same is the case with respect to vicissitudes of temperature. When wrapt up in some delirium, individuals occasionally shew indifference both to natural and artificial wants, but the system nevertheless feels their effects.

The odour exhaled from the human body is peculiar, and appears to differ not only in different races but in every different individual; at least there is reason to suppose so, from dogs being able to trace their masters when this is the only manner of accounting for their being able to do so. Various diseases, also, are marked by the odour they produce—as small-pox, some forms of rheumatism, &c.; but Dr. Burrows attaches to this symptom so much importance as to regard it as pathognomonic of mania.

"Many diseases (says he) are distinguished by a particular fætor, as hydrocephalus, rheumatism, and gout; the pelagra is distinguished by a smell like mouldy bread; but mania especially is characterised by a peculiar odour. It is not the *hircum olet* of Horace, but is a smell quite unique; and when once recognised, it never can be mistaken for any other. It has been compared to the scent of henbane in a state of fermentation; but I know nothing which it resembles.

"This odour does not always attend on mania; and it differs in intensity. Personal cleanliness of the skin, and frequent changes of body-linen, much modifies, and perhaps may remove it. Where it is generated, it is easiest detected by going in the morning into the chamber of the lunatic before he has risen, and before fresh air has been admitted.

"The maniacal odour is not noticed by every writer on the signs of insanity, nor, as I have said, is it always present; but I consider it a pathognomonic symptom so unerring, that if I detected it in any person, I should not hesitate to pronounce him insane, even though I had no other proof of it.

"I remember the case of a very delicate young lady, of good family, and highly educated, who became insane; but whose family would not admit the correctness of their physician's judgment, till her mother, having somewhere heard of this characteristic symptom, upon entering her daughter's chamber before she had risen, detected

this peculiar fetor; and then she yielded to conviction of the nature of the malady.

“The knowledge of this physiological fact may be found very useful, as a test of mental derangement, when there is difficulty in deciding.

“The breath of maniacal persons has been remarked by Esquirol and other practical authors to exhale a very fetid smell, which some compare to that of stinking fish; but I have never observed it as peculiar to the insane. As the stomach is often very much disordered, and the teeth from that cause are frequently carious and become loaded with sordes, the breath may thence be very offensive, especially where the patients consist of the lower orders, who are unaccustomed to personal cleanliness. Esquirol may well complain of it in La Salpêtrière; for the inmates, according to his own report, are much affected by scurvy, —a disease in which the gums of course are spongy and putrescent.

“The dejections of maniacs have commonly a very offensive, but not peculiar smell. Neither is it always the

effect of vitiated biliary secretions, or unconcocted ingesta; for strong mental impressions often occasion singular changes in all the excretions.”

COMMENTARY III. AND IV.

Delirium.—This state is often confounded with insanity. There can, indeed, be no insanity without delirium, but the latter may exist without the former. They are derived from different states of the brain, and demand very different methods of treatment. In ordinary cases the distinction is easily made, but in others a correct diagnosis is extremely difficult. Our author, after treating fully of the subject, including that form of delirium which arises from the continued abuse of spirituous liquors (*delirium tremens*), concludes with a table in imitation of that of M. Georget, in which he contrasts the principal characters of two conditions to be discriminated. As this table contains a graphic representation of the most important diagnostic signs, we shall subjoin it.

DIAGNOSIS OF MANIACAL AND ACUTE DELIRIUM.

Maniacal Delirium.

1.

Intellectual disorder constitutes essentially and exclusively insanity.

There is little or no pain in the head.

2.

Insanity is both active and chronic.

3.

The understanding is rarely entirely lesed; one or more of the intellectual faculties are altered or deranged. The senses, separately, are sound. If sometimes the patients distinguish incorrectly, yet at least they perceive; if they err in perception, it is accidental.

There is ordinarily an excess of action, and a deviation, or false direction, of the intellectual faculties.

Maniacs will hold a connected and well-supported discussion. They possess a strong will, and offer motives for

Acute Delirium.

1.

Acute delirium is a symptom only, which does not even characterise the disease on which it depends, nor determine its return.

Intense cephalæa often attends.

2.

Chronic delirium cannot exist, because chronic delirium becomes insanity.

3.

Delirium consists in an abolition, rather than a deviation or defect, of intellectual harmony.

The sensations are imperfect, or are even wanting. The affective faculties are extinct; the power of reasoning is lost. The patient speaks commonly unintelligibly, or without connexion; his words and actions are without relation to surrounding objects; both appear automatic. Volition and consciousness, even of existence, are gone. In low delirium he is almost always yawn-

Maniacal Delirium.

their actions. Frequently, when reasoning, they err only in their premises; whence follow false conclusions.

4.

The insane generally preserve a recollection of all that has passed during their malady.

5.

The brain, as the nervous centre, is ordinarily but little altered: this is the reason why all the other functions do not prove so much deranged, especially after the period of excitation. The voluntary movements are not at all altered; the patient runs and walks at his ease, except paralysis supervenes. The digestive powers are not always defective.

6.

The intellectual organ, primitively affected by certain causes, is first deranged; so that disorders of the other organs are sympathetically involved from the cerebral affection. Insanity is then an idiopathic affection. The intellectual disorders are essential, since they alone, or nearly, constitute the disease.

7.

The causes of insanity act directly upon the intellectual functions of the brain.

8.

The delirium of insanity persists when the exciting cause has ceased.

9.

The duration of insanity is very variable. When incurable, it may continue many years, or for life. The insane are rarely cured under some months, or one or even two years.

10.

Insanity does not kill of itself; but it tends to shorten life, and renders the event of any other disease attacking an insane person more hazardous; and it is often incurable.

Acute Delirium.

ing or sleeping, and appears to awake when he makes an intellectual effort.

4.

When recovered, the patients recollect in the slightest degree very few of the circumstances which have occurred in the course of their delirium.

5.

The brain is violently affected in all its functions; there is likewise great disorder in all the organs; the movements are quicker, or there is continued agitation, convulsive actions, &c. All in acute delirium are bedridden. The stomach scarcely bears even the lightest liquids.

6.

Delirium is never primitive. If it be not sympathetic from an action of a remote organ on the brain—if it do not depend on an idiopathic affection of the brain, still it is always preceded by the development of other symptoms. We must then often regard it as sympathetic, and always as secondary.

7.

The causes of delirium are either from remote diseases, or from different influences, which give birth to cerebral affections, of which this is the symptom.

8.

The delirium of all diseases, except insanity, ceases with its cause.

9.

Acute delirium being nothing more than a symptom, its continuance is limited by that of the disease which produced it. It cannot continue long in an equal state of severity; a return to health, or death, must quickly terminate it. The delirium may continue some hours, or some days; but it is rarely prolonged more than twenty or thirty days; and if so long, generally terminates in mania.

10.

The diseases which produce delirium are often mortal; but if they are cured or diminished in intensity, the delirium does not survive them.

Maniacal Delirium.

11.

Insanity is often hereditary. Nineteenths of the insane are influenced by predisposition; and most announce very early in life, by the characters of their minds, that they are predisposed to the development of this malady.

12.

The cure is not always durable; relapses, or recurrences, are frequent; and the brain is easily disturbed by slight causes.

13.

Maniacal delirium never occurs in childhood but as exceptions to the law of nature.

COMMENTARY V.

Stages of Insanity.—Dr. Burrows thinks that the division of insanity into different stages or periods, as particularly insisted upon by the French pathologists, is materially calculated to improve the treatment of the malady. The two great divisions of insanity are mania and melancholia. Those of sanguine temperaments, warm feelings, and great irritability, inclining to the former; those of opposite temperaments and qualities, to the latter. These two forms, however, vary, intermingle, and alternate.

Insanity generally has a precursory stage; but, from the carelessness or the unwillingness of the patient's friends, medical aid is seldom resorted to at a period sufficiently early to arrest it. In one form, the most remarkable antecedent phenomenon is an uncommon elevation of spirits, foreboding mania; in

Acute Delirium.

11.

Acute delirium is no more hereditary than the diseases of which it is but a symptom. Often it is not till the moment it breaks out that we descry it; rarely, at least, is it many hours in advance of the disease.

12.

When once the health is well established, a relapse is not to be dreaded; for it is not easier to contract a new disease than the first one.

13.

Acute delirium is common to every age, from infancy to senility.

the other despondency, foreboding melancholia: but we have known directly the reverse of this to take place. As a general rule it may be observed, that wherever the habitual character of the mind becomes changed, (as where the gay become sad, or the serious merry,) we may reasonably fear a still more important alteration as impending.

The division of periods adopted by Dr. Burrows, is into the *incipient*, the *active* or *confirmed*, the *decline* and *convalescence*, and the *terminations*. The symptoms of these several stages of mania are detailed with the vividness of one to whom the images he describes are familiar: they are, however, too well known to require that we should notice them here. But as it is by no means uncommon to find mania mistaken for inflammation of the brain, or its membranes, we shall subjoin a tabular view of the chief diagnostic marks of each.

DIAGNOSIS OF MANIA AND CEPHALITIS.

Mania.

1.

The paroxysm preceded by a gradual change of disposition and habits, high spirits, rapid ideas, incoherent conversation, and symptoms of corporeal disorder. Head-ach, but not intense.

If the paroxysm be abrupt, usually the effect of some strong moral cause.

Delirium partial.

2.

No fever; and when the skin is very

Cephalitis.

1.

The paroxysm preceded by sudden and violent pains in the head, back, or limbs, and rigors.

Is usually the effect of sudden cold, insolation, or some strong stimulus, as alcohol, &c.

Ideas often at first vivid.

When delirium attends, it is complete.

2.

Vehement fever; and constant burn-

Mania.

hot, it is from violent muscular exertion. Tongue white and foul, but moist.

3.

Pains in the head after the paroxysm rather inferred than complained of; but sometimes partial pain is mentioned.

Stomach insensible.

4.

Head occasionally very hot, while the skin is generally dry and cool.

5.

Face flushed at intervals, but often exhibiting a remarkable pallor.

6.

Features contracted, mobile, and expression varied; though maniacal, delirium not increased.

7.

The eye prominent in the paroxysm only, shiny and menacing, and somewhat blood-shot.

Tears seldom shed.

8.

Gaze at the noon-day sun without blinking, and indifferent to sounds.

9.

Radial pulse sometimes quick and strong, sometimes natural, but generally variable, and not always corresponding with the stroke of the carotid and temporal arteries.

10.

Preternatural muscular force, and exerted for days, weeks, or months.

11.

Respiration natural and easy.

12.

Deglutition free.

13.

Delirium may be violent or mild, con-

Cephalitis.

ing heat of the skin, and all the other symptoms of pyrexia. Tongue parched, at first red, then whitish yellow, or black.

3.

Excruciating pain first in the neck and occiput, and then in the whole head. Nausea and oppression of the stomach.

4.

Head always intensely hot, and the skin, though generally dry and burning, sometimes sweats from every pore, especially about the head, neck, and shoulders.

5.

Face always extremely flushed, and of a deep red.

6.

Features swollen, less mobile, wild and ferocious, and expressive of intense suffering; delirium very high.

7.

The eye as if starting from the socket, always very red, fierce, sparkling, and agitated.

Tears sometimes flowing involuntarily.

8.

Intolerance of light and sound.

9.

Radial pulse small, hard, and exceedingly rapid, sometimes strong; and carotid and temporal arteries beat violently.

10.

Muscular force at first greatly augmented; but the patient, though restless, soon loses strength, and finally, in a few days, great prostration.

11.

Respiration very deep, interrupted by hiccough; and towards the end, if fatal, there is a continued puffing of the breath, or blowing.

12.

Deglutition difficult.

13.

Delirium furious, and like that of

Mania.

stant or with intervals; one or more of the intellectual faculties, but not all of them, deranged. Things are seen in their proper light; but the conception of them is erroneous.

14.

Duration, indefinite.

15.

Prognosis—Recovery, or permanent mania, melancholia, or fatuity; rarely immediately fatal.

Cephalitis.

fever; violent raving, more like passion; complete confusion of all the intellectual faculties; and things not present appear to be so; finally, stupor and insensibility.

14.

Duration, rarely beyond the seventh day.

15.

Prognosis—Generally fatal: if protracted beyond a fortnight, commonly ends in permanent insanity, in some of its forms.

[To be continued.]

MEDICAL GAZETTE.

Saturday, September 13, 1828.

“*Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*”—CICERO.

ANATOMY.

AMONG other articles upon the subject of anatomy inserted in some of our preceding Numbers, was one in which we strongly deprecated the law by which dissection has been made “to constitute part of the punishment of the most aggravated felonies, and thus associated, in the public mind, with crime and degradation.” The Editor of the *TIMES*, although differing from us on the general question, republished the paper alluded to, and was pleased to speak favourably of it in his leading article of April 22:—

“The difficulty of procuring bodies for dissection,” says he, “being likely to occupy the attention of parliament, we have inserted a lively and sensible article upon the subject, from the last Medical Gazette. We have given an opinion different from that of the writer, respecting the bodies of malefactors: however, we shall say of each *valeat quantum valet*. The apprehension of dissection may very likely not deter from murder, and probably a speedy exe-

cution may be better. Paley recommends not torment, but something more terrific than mere hanging, for the crime of murder. We believe it was said by a surgeon of the present day, distinguished at once by his genius and eccentricity, that ‘surgeons must mangle either dead bodies or living ones’. Those who die by their own hands we should decidedly convey to the dissecting-room; and we see no reason why hospitals (the Directors will understand us) should take so much care to prevent the possibility of supply from their own patients.”

Now this, at least, is a fair manner of discussing the question: the writer states his own opinions, but acknowledges that others think differently, and gives their arguments, as well as his own, that the public may judge for themselves. This is all that we require—let the subject be fairly discussed, and we have nothing to fear. But we regret to say that the conduct adopted by another Morning Paper, also in extensive circulation, has been very different, as will appear by the following quotation:—

“It has become fashionable among a certain class of writers, who are more ambitious than deserving of the title of philosophers, to deprecate the law which provides that the bodies of murderers shall be given up for dissection: they say it creates a prejudice against the study of anatomy, and is consequently an enactment against the inte-

rests of medical science. We readily admit the great, the essential importance of anatomical experiments and demonstrations, to the illustration and advancement of the knowledge which is taught at schools of surgery and medicine. We also admit that the dissection of the human subject must, for most surgical purposes, be incomparably more advantageous than any artificial substitutes, whether of wax or other material. Still all this does not convince us that the law is wrong which directs the bodies of murderers to be anatomized. The fact is, that the law has not created the prejudice, nor does it increase it; that prejudice, or whatever it may be called, existed as strongly before the law as it does at present. There never was an age or a country, however barbarous or refined, in which there did not exist a strong repugnance in the mass of society to allow the bodies of their deceased friends to be denied the rites and the decencies of sepulture. This is a feeling so ancient and so universal, that it seems to be more an instinct of nature than a prejudice of education: and what shews this most convincingly is, that surgeons and physicians, in general, have this feeling or prejudice as strongly as the most uneducated men. It was because of this universal repugnance to dissection that the law ordained that a class of criminals, who are the most atrocious of all those who fall under the capital penalties of justice, should not 'go down to the grave' after death, but that their bodies, by a just retribution, should be made accessory to the promotion of the science which prolongs life. It is extraordinary the effect which that part of the sentence of a murderer, whereby his body is ordered to be given up 'to be dissected and anatomized,' produces upon the most obdurate criminals: in the case of Corder, for instance, it seemed to make a more terrible impression upon his mind than even death itself, much as he feared to die. The expression of that terror about being anatomized could not but heighten the example, and the consequent warning of his fate. Yet it was only last session that the Marquis of Lansdowne, influenced by the false reasoning of those writers to whom we have alluded, made an effort to have that part of the sentence of murderers repealed; and, but for the stronger understanding and more

practical sense of the Earl Grey and Lord Tenterden, he would probably have been successful. But when * DR. Abernethy was asked, by a Parliamentary Committee, 'Do you think the facility to procure dead bodies would be increased if the stigma attaching to the dissection of murderers were removed?' his answer was, 'I do not think such stigma affects the public mind; yet we gain so little by obtaining the bodies of murderers, that we should have no objection to its being removed:' thus negating, by his practical experience, the opinion of the theorists, that anatomy itself was stigmatized by the dissection of murderers." — *Morning Herald*, Sept. 8th.

The above quotation conveys the sentiments of a great portion of those whose attention has been but cursorily directed to the subject; though we trust there are few who would argue the matter so uncandidly. "The fact is (says the writer), that the law has not created the prejudice, *nor does it increase it.*" Thus he assumes the very point under discussion, and then argues as if he had proved it. We say it does increase the prejudice, and in support of our opinion we subjoin a great mass of evidence given before the Committee of the House of Commons. The *HERALD* quotes the evidence of one witness only, and suppresses that of the others, designating them all by the general appellation of "theorists."

In our opinion, a very striking illustration of the evil complained of has been afforded in the very case he alludes to, by the odious and disgusting details published in various papers of the dissection of Corder. What is there in the brain or bowels of a wretched murderer, that their condition should be dwelt upon with such revolting minuteness, and the anatomised body held up to public gaze as an object of curiosity and horror? It is impossible but that the publication of such details must associate the dissection with the

* Query—Who is Doctor Abernethy?—E. G.

crime, and thus keep up the prejudice against the former; and we cannot reprobate too strongly the folly of those silly persons (probably country apprentices, who never saw a dissection before) who have transmitted these accounts to the different newspapers.

In a question of this kind, in which persons of every class are more or less interested, it is desirable that the opinions of those whose pursuits and habits have afforded them the best opportunities of judging in the matter, should be made as extensively known as possible. For this purpose, instead of giving an *ex parte* statement, we have taken the evidence of all those lately examined before the Committee of the House of Commons who have touched upon this particular question, and we now lay it before our readers in the *ipsissima verba* of the parties. The document is interesting, from the number of individuals who state their sentiments, as well as from the various degrees of force with which these are expressed, according to the degree of conviction entertained by the speaker. "It is the province of the legislature to alter the law which at present exists on this point:" such were the words of the Lord Chief Baron, on a recent trial at Norwich; and we earnestly hope that, in the event of the subject again coming before parliament, the evidence on this point will be duly considered by those honourable members on whose decision the matter must ultimately rest.

It will be perceived that, of twenty-nine persons examined as to the effect of giving up the bodies of murderers for dissection, 23 thought it decidedly injurious; and these not taken from one class of men, but comprehending the highest and *very lowest* in our profession, as well as magistrates, police-officers, and resurrection-men. Every class of society may be looked upon as having had its representative, and proba-

bly the opinion of this large majority of witnesses may fairly be regarded as correct. Of those who expressed themselves less decidedly, some (Sir H. Halford) obviously inclined to the annulment of the present law.

With respect to the evidence of the gentleman who does not think that the dislike to dissection is aggravated by making it part of the punishment of murder, it may be proper to keep in mind his own statement, that he has "no particular data to go upon." The idea that the bodies of murderers are required to enable us to examine the viscera in a healthy state, or that they would in other respects be eligible subjects for dissection, is abundantly refuted by the evidence of Sir A. Cooper, Mr. Pattison, Mr. Rose, and others.

Evidence of Witnesses decidedly against giving up the Bodies of Murderers for Dissection.

SIR ASTLEY COOPER, BART.

What is your opinion of the policy of giving up the bodies of murderers for dissection, as it affects the feelings of the public on the subject of dissection?—The law enforcing the dissection of murderers is the greatest stigma on anatomy which it receives, and is extremely injurious to science.

Do you know whether it is considered as compulsory on the surgeons, after they have received the body from the sheriff, to dissect it, or whether it is optional?—It is optional only.

The objections you have made to the dissection of murderers would also apply to the dissection of suicides, in case, by any alteration of the law, their bodies also were to be given up for dissection?—I conceive the great principle on this question is, that dissection should never outrage the feelings of the living; if therefore a surgeon could gain possession of the bodies of suicides, it would certainly distress the feelings of their relatives, and on that ground there is a great objection to it; in the second place, I would say, they would make very bad subjects, because all persons who die suddenly, become soon putrid;

and in the third, if it had any moral tendency in preventing suicides, it would soon destroy any supply from that source.

B. C. BRODIE, Esq.

In what way do you think the public mind is affected by giving up the bodies of murderers for dissection?—I think on the whole the effect is injurious; at the same time it appears to me that some of my friends regard it as being more injurious than it really is; on the whole it would be better, as far as anatomy is concerned, that the practice were abolished.

The same objection would apply to the giving up the bodies of suicides?—Yes, certainly.

Perhaps to a greater degree?—Probably so.

W. LAWRENCE, Esq.

What is your opinion as to the policy of the bodies of murderers or suicides being given up for dissection?—I deem it highly objectionable, as being directly calculated to maintain and increase the existing prejudices on the subject; it gives the most powerful sanctions, those of the legislature and judicature, to the horror and aversion which mankind are perhaps naturally disposed to entertain against what they deem a profanation of the dead.

That would apply still more strongly to the case of suicides?—At least as strongly.

J. H. GREEN, Esq.

Have you ever considered what is the effect of giving up the bodies of murderers for dissection, as regards the state of public feeling on this subject?—Yes; I conceive it tends materially to strengthen the prejudice against dissection.

The giving up of suicides would have the same effect, perhaps, in your opinion?—Yes; in short to make an anatomist the executioner of the laws, must certainly tend to create an odium against us.

CÆSAR HAWKINS, Esq.

What is your opinion as to the effect which the giving up the bodies of murderers has upon the state of the public feeling?—It has the effect, by making the public consider dissection as part of the punishment for the crime of murder, of increasing their prejudices.

H. MAYO, Esq.

To what should you attribute the state of the public feeling which exists in England?—I suppose it must greatly depend on dissection being made a part of the punishment for murder.

R. D. GRAINGER, Esq.

Do you think that the abolition of the law which gives up the body of a murderer to the anatomical schools, would tend to mitigate that feeling which exists among the different classes of society against the bodies of their friends and relatives being dissected?—I think that would operate most powerfully.

DR. JAMES SOMERVILLE.

I wish to observe, that the prejudice created by giving up murderers is infinitely stronger, according to my own experience, than has been stated by any witness. Within a short time the dissecting room where I am at present has had the body of a murderer; during the whole course of the last six or seven years that I have been connected with that school, I have never seen, on any occasion, the least disposition on the part of the people to interfere or to take notice of that dissecting room, so that the bodies are received there even by day, because there has been no suspicion entertained; but since this woman has been received, a sensation has been excited in the neighbourhood. I have been annoyed by the number of persons asking permission to go in for the purpose of seeing the body of a person they thought a *victim*; and the annoyance would be quite sufficient to deter me, were the school my own, from admitting a body under similar circumstances.

J. R. BENNETT, Esq.

Have you any doubt that the penal law in existence with regard to murderers tends to aggravate the feelings of the public against dissection?—I have not.

Does it throw discredit over it, so as to prevent a voluntary appropriation of bodies?—Yes, decidedly so.

G. S. PATTISON, Esq.

Do you not think, that if a law were passed in America, that gave up the bodies of murderers for dissection as in this country, it would augment the difficulties?—I have no doubt of it; and another point I would mention, although

it may be out of place, that the bodies of criminals executed are not at all calculated for dissection, allowing the number was much greater for that purpose.

In what respect?—The body of a person in full health who dies a violent death, in the course of twenty-four hours has passed into a state of putrefaction.

How can any subjects in a healthy state be obtained, unless the bodies of those who have been executed be delivered up for dissection?—Accidents afford a more abundant supply than murders.

Did it ever happen while you were at Glasgow, that the bodies of any murderers who were executed were given up for dissection?—It did; but the effect produced by the giving up of those bodies was to increase the difficulties and the prejudices existing against dissection.

A. B. (a well-known *resurrection-man*).

Do you think the dissecting of murderers tends to increase the dislike of the lower classes to dissection?—In my opinion, the public think there are none fit to be dissected but very bad characters, through that very thing.

T. ROSE, ESQ.

You heard the questions put to Sir Henry Hallford with respect to the dissection of murderers; do you think the doing it away would have a beneficial effect?—I think it would, as the law respecting the dissection of murderers increases the prejudice against anatomical investigations.

Do you think the science of anatomy would gain more by repealing the law which gives the bodies of murderers for dissection, than it would lose by the loss of bodies dying in a healthy state?—I think we should lose nothing by that; so many die from accidents in a healthy state, that abundant opportunities are afforded us of making ourselves acquainted with the appearance of the different organs and parts of the body when not impaired by disease; I suppose at least 500 opportunities are thus afforded us by accidents, for one by the law respecting murderers.

P. FERNANDEZ, ESQ.

Do you not think, if murderers were no longer given up, it would tend to efface or mitigate their objections to

dissection?—Certainly; while it remains part of the punishment of murder, it must indispose any body to share part of the fate of a criminal.

DR. S. SMITH.

Do you think that the dislike of the public to dissection is at all aggravated by the bodies of murderers being given up for dissection?—I feel quite certain that it is very much aggravated.

S. TWYFORD, ESQ. (Magistrate of Worship-street.)

Are you, as a magistrate, of opinion, that the circumstance of dissection constituting a part of the punishment of murder, has any effect in deterring the person who meditates perpetrating that crime from committing it?—None whatever, I should think.

Such a case has never come to your knowledge?—It cannot be asked as a question of knowledge, but as a matter of speculation; from consideration of the motives of human actions, I should think it made no difference upon the man meditating the crime of murder.

Should you not suppose the taking away that part of the punishment would have the effect of reconciling, in a considerable degree, the public feeling upon the subject?—I think the abrogation of the consequence which attaches to making it a part of an ignominious punishment, would be beneficial in reconciling public feeling to such proposed change; as it forms an ingredient, perhaps the most reasonable of any, in the prejudice against submitting even one's own body to the anatomist for the benefit of the public.

JAMES GLENNON & RICHARD POPLÉ
(Officers at Union-Hall).

When a man thinks of committing a murder, for instance, do you think the chance of being anatomized after death is very likely to deter him from committing that murder?—I should think not.

You think what is most likely to deter him from committing the murder, is the expectation of being detected and punished?—Most likely.

Do you not think that the law which directs the body of a murderer to be anatomized has an influence on the public mind, so as to indispose it to the dissection of dead bodies?—Very likely.

THOMAS WAKLEY (a well-known character.)

The great prejudice which exists in this country against the practice of dissection, appears to arise from that enactment of the legislature which consigns the bodies of murderers to dissection.

DR. MONRO (of Edinburgh)

Suggests the repeal of that part of the criminal law by which, from a just indignation at the commission of murder, the bodies of those convicted of it were given for public dissection, the usual effect of which is, to bring odium and abhorrence on an essentially beneficial process.

JOHN BISHOP ESTLIN, Esq. (of Bristol.)

The sentence of dissection after execution for murder, I have always considered a most unfortunate and unnecessary bar to the progress of anatomical studies, by the prejudice thus encouraged against them.

DR. JEFFREY (of Glasgow,)

In enumerating the sources of the difficulty in procuring subjects, mentions, among others, "the association, as the law now stands, of the idea of punishment for crime with that of being dissected;" and adds, "that, though all the criminals hanged in Great Britain were to be given for dissection, the supply would be, and long may it be, altogether inadequate to the absolutely necessary demand."

DR. TRAILL (of Liverpool)

Advises the legislature "to repeal the clause which orders dissection as a part of the punishment of the most atrocious crime."

J. HODGSON, Esq. (of Birmingham.)

I am convinced that the feelings of the public can never be reconciled to the practices of dissection, so long as dissection continues to form part of the punishment for murder. The feeling, I really believe, in a great measure arises from the imputation which appears to be cast upon the character of the deceased, in consequence of his remains being subjected to that treatment which the law employs as a part of the punishment for the most heinous crime. I believe, therefore, that an alteration of the law on this subject is essential to reconcile the public to any facilities

which may be afforded in procuring the only means of cultivating the most important of all the branches of medical and surgical knowledge.

Witnesses not decidedly against giving up the Bodies of Murderers for Dissection.

JOHN ABERNETHY, Esq.

Do not you think that the facility to procure dead bodies would be increased, if the stigma attaching to the dissection of murderers were removed?—I do not think such stigma affects the public mind; yet we gain so little by obtaining the bodies of murderers, that we should have no objection to its being removed.

SIR H. HALFORD.

Do you think the repeal of the law which now gives up the bodies of murderers for dissection, would tend to remove the dislike of the public to dissection?—Not immediately; I do not think it could be forgotten in less than 50 years, that dissection used to be the punishment of murderers, and therefore there would be a prejudice still.

Is the present feeling very much connected with the penalty under that law?—I think so; and I think the repeal of that law would not be operative for the purposes in the contemplation of the committee, for a considerable time.

But nevertheless, though its operation would be slow, have you any doubt that the repeal would tend ultimately to mitigate the feelings of the public on this subject?—I certainly think, while that law remains, they will connect the crime of murder with the practice of dissection; an order to be dissected, and a permission to be dissected, seems to be too slight a distinction.

If the law authorized the dissection of persons executed for other crimes than murder, do you think that would greatly increase the present feeling against dissection?—I should object very much to make no distinction between persons who had offended against human nature to the utmost extremity, and common crimes.

Do you think it would increase the feeling against dissection, or lessen it?—I think it would increase the feeling against dissection, by associating it with crime of any kind.

But you would rather dissection was not made a penal enactment?—Yes.

B. HARRISON, Esq.

Do you think the repugnance to dissection which exists in the minds of the patients that have come to the hospital, is connected in any way with the penal law, which subjects the body of a murderer to dissection?—I do not consider it is on account of murderers being dissected that they abhor it themselves.

T. HALLS, Esq.

Do you think that this feeling is in any way connected with that penal statute which gives up the body of a murderer for dissection?—I am not aware of that.

Do you think the repeal of that particular penal statute might tend to mitigate the feeling that at present exists?—I know such a notion has been entertained by many persons, but it is one of which I am exceedingly doubtful.

The repeal of that law could not in any way tend to have a contrary effect, to the prejudice of anatomical science?—It is a speculative opinion entirely.

DR. D. MACLAGAN (in the name of a Committee appointed by the Royal College of Surgeons, Edinburgh).

The Committee beg to state, that the (in their opinion) barbarous and inefficient law by which the bodies of persons executed for murder are given for dissection, has not at all contributed to the progress of anatomy, but on the contrary has rather tended to increase the prejudices against dissection. The Committee feel doubtful whether the repeal of that law would produce any material effect in diminishing the obstacles to anatomical study; but it might be beneficial by evincing, in the least objectionable manner, the desire of the legislature to promote the cultivation of anatomy. Even were the bodies of all executed felons and of suicides to be given for dissection, the Committee are happy to think that in Scotland this would do little or nothing to advance the study of anatomy, and, indeed, they are satisfied it would tend to impede it.

Witness decidedly of opinion that giving up the Bodies of Murderers for dissection has no effect injurious to the Cultivation of Anatomy.

DR. D. BARRY.

Do you think, if there was a penal

law introduced into France that gave up the bodies of murderers to the dissecting establishments, it would tend to diminish or promote the present facilities of obtaining bodies in that country?—I do not think it would make any difference whatever, and I think myself that the distinction that the English law establishes between a dead murderer and a dead pauper, is rather salutary to general morality, and will not in the least interfere with the furnishing of subjects.

You do not think that the stigma which attaches to the dissection of murderers, tends to aggravate the general dislike to the practice of dissection?—No.

You stated that it was of importance to have some subjects to examine that died in a state of health?—Yes.

How are they to be obtained, except in the way they are obtained here?—I know of no other way. It is of so much importance, that Magendie, the celebrated physiologist of France, quotes the state of the viscera of subjects that had been guillotined in his book.

Are you aware of the number of bodies in a given period given up for dissection, who have been executed in this country?—I have not the slightest idea.

Have you had any particular means of ascertaining, in England, whether the dislike attaching generally to dissection is aggravated by the bodies of murderers being given up for dissection?—I have no particular data to go upon, further than my own judgment in the affair; I think that the prejudices against dissection are very few, if any, in England, and that they are not increased by the bodies of murderers being given up. Dissection, abstractedly considered, nobody feels any abhorrence to; it is only as connected with their own relatives, or their own future dissection, that they feel any thing upon the subject.

ILLNESS AND POST MORTEM EXAMINATION OF DR. GALL.

THIS distinguished individual was above the middle stature, and of rather muscular frame: his forehead was high and broad, and his countenance prepossessing. During many years he was able to give himself up to assiduous application, and suffered nothing in health, except two or three attacks of gout,

and some derangements of the digestive organs; but of late years his gait had become heavy, and when he ascended a staircase he experienced a sense of suffocation, frequently accompanied by palpitations. These symptoms had been aggravated within the last eighteen months, and compelled him to keep himself very quiet, to observe an exact regimen, and occasionally to lose blood. He was now ascertained to labour under hypertrophy of the heart, with dilatation, especially of the left ventricle. After some months, however, he was able to return to his usual avocations; and in November, 1827, he began his Course of Lectures, and continued it, without interruption, till the 3d of April, on which day, when returning home, he experienced some symptoms of cerebral congestion; and on the 20th he had a distinct, though slight, paralytic affection. He continued with various degrees of alternate improvement and aggravation of the symptoms till the 21st of last month, when he died.

Post mortem Examination.—Independently of the disease in the chest, consisting in enlargement of the heart, with incipient ossification, the bones of the head were found to be at least twice their natural thickness. The pia mater was infiltrated with serum, and the arachnoid raised by the effusion all over the surface of the hemispheres. At the base of the skull four or five ounces of fluid were found. The brain, which was not dissected, weighed two pounds ten ounces and a quarter. The right side of the cerebellum was rather larger than the left, and contained a small fibro-cellular tumor, which internally was of a bony structure.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Cases of Prolapsus of the Uterus.

CASE I.—July 31st, a young woman, aged 18, six months before her admission into the hospital, exerted herself so much in lifting another person out of a coach that prolapsus of the uterus took place, together with considerable hæmorrhage. She fainted immediately, and was carried home; but in the course of a month was so much better as to be

married. Since then she had constant pain and tenderness over the region of the uterus; pain and extreme soreness at the umbilicus; frequent vomiting. The uterus had made its appearance externally two or three times since the first occurrence of the procidentia, but had been replaced by a medical practitioner, who had also made use of some treatment to diminish the more urgent symptoms. On making an examination, Dr. Elliotson discovered that the uterus was still in the vagina, as a small tumor, the neck of which was tightly girt by the os uteri. She had pain and tenderness in the situations above described, with a tongue white at each side, and red in the centre and at the tip, and a quick and sharp pulse.

Dr. Elliotson thought that the uterus was in a state of inflammation, and that the gastric symptoms arose merely from the sympathy of the stomach with the former organ.

The patient had, a short time before her admission, inflammation of the throat, followed by ulceration.

Hirudines xx. abdomini, hodie et cras.
To take nothing but slops.

August 1st.—Pain and tenderness of abdomen gone; pulse fuller; tongue clearer.

4th.—The pain and tenderness having returned, and the stomach being again irritable, 20 leeches were applied.

5th.—Great pain and tenderness of lower part of abdomen. Pulse 120, and hard; pain at the pit of the stomach; vomiting.

Dr. Roots saw the patient this day, Dr. E. having left town.

He ordered V. S. ad 3xxj. Ol. Ricini, 3ss. statim. Hyd. Subm. gr. ij. Opii, gr. 4. Antim. Tart. gr. 1/2, in pil. 6tis horis.

6th.—The bleeding removed all pain and tenderness of abdomen.

7th.—No pain. Stomach still irritable. In a few days all inflammatory symptoms had disappeared. The prolapsus continuing, an astringent injection was prescribed, and a pessary ordered to be worn. These partially relieved the displacement, and in a few days she left the hospital, liable of course to a fresh prolapsus on the slightest exertion; in which state she must continue until the uterus becomes impregnated.

CASE II.—There is another patient in

the same ward, in whom the uterus, as in the first case, unimpregnated, has fallen from its natural position. Various stringent injections have been employed, and pessaries of various sizes and forms worn; but whenever the patient has raised herself from the recumbent posture, the displacement has returned. A pessary composed of powdered oak bark, inclosed in a muslin bag, has been tried, but has done as little good as any of the others.

Polypus of the Uterus.

July 31.—A woman, aged 47, in whom the menses had long stopped, began to feel severe pain at the lower part of the abdomen. A week after, when she was coughing, a small tumor came through the external orifice of the vagina, with a quantity of blood. This was three months before her admission into the hospital. Since then she has been subject to violent shooting pains of hips, loins, and back; nausea; a discharge of foetid yellow matter, and occasional flooding.

On examination a polypus was found attached to the mouth and neck of the uterus. It was of the size of a small apple, and attached by a narrow base.

To remove it, Mr. Tyrrell put a needle, armed with a strong ligature, through the neck of the tumor, which he then firmly tied with the same ligature: he then removed the greater part of the polypus with a bistoury, leaving that portion on which the ligature was still attached. Little blood was lost at the time; but so much hæmorrhage occurred a few hours after, that the patient nearly sunk, but it was at length checked by pressure and oleum terebinthinæ.

Cases of Lithotomy.

Friday, August 22.—Mr. Green performed the operation of lithotomy on a child aged 5 years. He used, as usual, the gorget. The stone was large, and rather angular in form.

During the third night from the operation the little patient had suppression of urine for about three hours, attended by a rigor, which was followed by a hot fit. The secretion, however, was soon re-established, and up to the sixth morning no other unfavourable symptom had appeared.

Mr. Tyrrell, on the same day, operated on a child a little younger. The external wound was made with a common

scalpel, and to divide the prostate a long-beaked knife was employed. When this had entered the bladder the staff was withdrawn, and the forceps were then passed by the side of the knife towards the bladder. But it appeared that the section of the prostate and neck of the bladder had not been sufficiently extensive, for after two or three ineffectual attempts to lay hold of the stone, Mr. T. was obliged again to introduce the staff, and to make a larger internal opening.

When this had been done, the stone was easily seized and withdrawn. It was small.

The patient, on the 6th morning from the operation, was quite as well as he could be in that time, and likely to recover completely.

PARIS HOSPITALS.

Chronic Inflammation of the Neck of the Uterus.

THE extirpation of the neck of the uterus has become latterly so common, that doubts have in consequence arisen as to its necessity in some of the cases in which it has been performed; and the anatomical examination of the parts so removed has shewn these doubts to be well founded. The following case will give additional strength to the reasonings which have been founded upon the resources of nature and art which some practitioners appear to be ignorant of, and which may prevent them from performing operations that have too often caused the death of the unhappy sufferers.

At No. 3, in the Women's Ward of La Charité, is a young woman who has been ill about four years and a half. At that time, being in the fifth month of her pregnancy, she received a blow upon the abdomen, which in a few hours produced a miscarriage. Great affliction having made her indifferent to life, she took no care of herself, neglecting even the common precautions usual in such cases. The menses returned, but with great pain, and were very irregular; at the same time she experienced dull pains in the hypogastrium, loins, and groins, with an abundant discharge from the vagina, pain in the stomach, and continual headache. She, however, sought for no advice. This condition

lasted about a year; but being obliged to work for her living, her occupation—that of washing—caused a continual pressure upon the abdomen, which augmented her disease, so that her pains at length became insupportable; and she was admitted into La Charité, under the care of M. Fouquier.

The above symptoms rendered the seat of the malady evident enough, and an organic lesion of the neck of the uterus was supposed to be the cause; but the nature of the affection was disputed. In the meanwhile numerous leeches were applied to the pudenda, and even to the neck of the uterus itself. By these means she was speedily relieved. However, the enlargement of the part was undiminished, as was also the acrid and purulent discharge from the vagina. M. Roux was consulted. After an attentive examination, the disease was considered cancerous, an operation proposed, and as eagerly accepted. Each day M. Roux examined the patient very attentively, and each day, notwithstanding the entreaties of the woman, he postponed the operation. At length it was decided upon;—the patient was placed upon the table, and every thing was prepared, when the surgeon, who had actually laid hold of the neck of the uterus and had the bistoury in his hand, again sent the patient to her bed. Events, however, soon shewed how salutary this hesitation proved in this instance, for a severe peritonitis followed even the attempts that had been made; the repeated application of leeches succeeded in subduing this disease, and in a few weeks the symptoms disappeared. The original disease was then again thought of, and was treated with antiphlogistics and emollients. By degrees the swelling of the neck of the uterus disappeared, the menses returned, the discharge ceased, and the patient was able to quit the hospital, (where she had been upwards of ten months,) regarding herself as cured. A year elapsed without her experiencing any return of the disease; she was able to pursue a tolerably active employment the whole of that time, and, in fact, excepting some occasional attacks of indigestion, her health was very good. About the month of November last, having suffered a severe disappointment, she was suddenly seized with the same symptoms she had before experienced; but until January she sought for no re-

lief. On the 30th of that month she was received into the hospital. Her sufferings were at their height: the pudenda were irritated by a yellowish discharge, which ulcerated the neighbouring parts; the neck of the uterus formed a flattened tumor, red, very sensible, and covered with inequalities of a scirrhus hardness, and presenting in front an ulceration of an irregular form, about the size of a 30 sous piece. The abdomen was swollen in the hypogastric region, but without pain in that part. Leeches, warm baths, semicupic fomentations, and soothing measures of all kinds, were made use of. A marked amendment was the consequence: the neck of the uterus became progressively softer, losing its increased size and its sensibility. These changes following the use of fomentations injected by the vagina, M. Cayol insisted upon their employment. The belly, nevertheless, continued swollen, and the patient felt movements within, but she solemnly denied being with child; even to the last period in which she remained in the Clinic this woman insisted that she could not be pregnant. At length, however, she avowed it. This avowal confirmed the suspicion excited by the appearance of the hypogastric tumor, and explained the affection of the stomach and the other anomalous symptoms: this confession produced so much ill-will from the sisters and other servants, that the patient demanded her dismissal. This premature departure is to be lamented, because, although far advanced, the cure was not complete. It is, nevertheless, quite certain that this woman had not a cancerous affection of the neck of the uterus, and that if she had fallen into other hands than those of M. Roux she would have undergone an untimely, perhaps a fatal, operation.—*La Clinique.*

BOOK RECEIVED FOR REVIEW.

A Manual of Modern Surgery, founded upon the Principles and Practice lately taught by Sir A. Cooper, Bart. &c. and J. H. Green, F.R.S. Edited by Thomas Castle, F.L.S. Cox and Son, 1828.

NOTICES.

We are not certain that we exactly understood the alterations of "A Botanist;" but we have done our best.

The communications of "Mr. Ansell"—"Themison"—"X. Y. Z"—"Juvenis"—and "Dr. Bardsley," have been received.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 42.] SATURDAY, SEPTEMBER 20, 1828. [Vol. II.

ESSAYS ON SYPHILIS.

By JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 423.]

Of the Nature and Effects of the Syphilitic Poison.

WE are fortunately not called upon in these days to enter into a disquisition concerning the essential nature of the venereal virus; nevertheless it has occupied the attention of medical practitioners from age to age, and has invariably suffered the fate of the medical theory of the time. It has been described as a peculiar ferment—as an acid, an alkali, and as a nondescript kind of mechanical power; nay, even the particular tissue in which its ravages first commence has occupied the attention and excited the industry of no less a man than Boerhaave. I shall, however, content myself with making a few inquiries into the effects of this poison, and the laws which regulate its action, as far as we are acquainted with them. It may be expected, perhaps, that I should define what I mean by the term; but, lest I should be shipwrecked upon the same rock that has been so fatal to those who have attempted to include within a few words the substance of many complicated actions, I shall attempt no definition at all, but content myself with saying that the poison of syphilis is one *sui generis*, affecting the human race only, and subject to laws differing materially, in many respects, from those which regulate other morbid poisons; among which differences, that of being communicated an indefi-

nite number of times is not the least considerable.

Mr. Hunter has very justly remarked that we know nothing of the nature of the venereal virus; but from its effects we know that it is a specific poison, which, applied in a fluid state, is capable of producing a disease so far similar that it may be communicated again and again, with the effect of eventually leading to certain trains of secondary symptoms, affecting different portions of the system, through the medium of absorption. Though the commerce between the sexes is the usual mode by which the disease is propagated, yet it must be recollected that the positive application of the virus to an abraded surface in any other part of the body, as well as the genitals, will lead to the contamination of the system; and thus four modes of infection may be readily admitted—first, by the virus being applied to a recent wound; secondly, to the surface of a common ulcer; thirdly, to a secreting surface; and, fourthly, to a non-secreting surface; and there are good grounds for believing that in each of these modes of application a different space of time will be required to bring the poison into action—for example, a syphilitic sore on the glans and internal prepuce will more speedily and readily take place, and within a shorter space of time after the application of the poison, than on the common integument covering the body of the penis. It does not necessarily follow that the application of the venereal poison should be followed by the specific irritation in the person to whom it is applied, any more than that the small-pox, or cow-pock, should invariably be communicated by the first inocula-

tion: we know that common inflammation will sometimes supersede the specific action, and matter either shall not be secreted at all, or of a nature perfectly innocuous; and thus it happens, that of several persons exposed to the same chance of infection one shall escape entirely, another shall have a sore which heals without difficulty, a third shall have a train of consecutive symptoms from the absorption of the poison. Peculiar idiosyncrasy is here very evident, and in more than one instance I have met with persons who, without taking any extraordinary precautions, have been exposed over and over again to the same chances of infection by which their comrades have suffered, and yet who have always escaped with impunity. In an inferior degree this is to be met with every day, for we frequently find that the system exerts a power of resisting this disease, as well as others, for a long time; but that the lapse of a few years changes the susceptibility of the constitution, and then the poison produces its usual effects.

Until lately it was believed that the venereal disease, when once communicated, pursued a regularly progressive course through the different orders of parts upon which its specific action is exerted, and that without the interference of art it went on to the destruction of life. We have now ample proof that this is not always, nor indeed generally the case; and the knowledge of this fact clears up many of the difficulties in which the subject was previously involved, and enables us to dispense with Mr. Hunter's theoretical explanation, that though mercury could cure the disease when in action it could not cure the disposition to it: in other words, as Mr. Guthrie has very shrewdly observed, nothing will prevent the disease from running its course in certain constitutions. We now know, at least as far as a very extensive field of experiment entitles us to adopt the opinion, that the venereal disease can wear itself out by the mere efforts of nature; that the affections of the periosteum and bones are of but comparatively rare occurrence; and that no set of symptoms require greater nicety of judgment in their treatment than these, since there is great reason to believe that the complaint in these cases is complicated with some peculiar habit of the constitution—most commonly stru-

ma; and it is precisely in such cases that the profuse exhibition of mercury has produced such dreadful examples of mutilation and suffering. Of the parts affected by the venereal poison, when acting upon the system generally, the skin and the throat are the first in order; then the fascia, periosteum, and bones. There is no reason to believe that the viscera are ever subject to the attacks of syphilis; and of the soft bones, those of the palate and nose are the most frequently affected; of the long bones, the tibia; and the cranium is likewise frequently the seat of tumefaction, or painful enlargement of the periosteum and bone.

I have ventured to hint that the greater or less degree of acrimony in the poison may possibly contribute to alter the appearance and character of the primary sore: the word acrimony may perhaps be objected to, and with justice; but I merely employ it to express some peculiar state or stage of ulceration, the matter of which may possess properties of more violence at one time than another. Thus in cowpock the substitution of matter for lymph, the delay of even a day or two in the inoculation, deranges the whole course of the disease; and it is not impossible also that it is owing to some similar circumstance that the propagation of one particular kind of sore is performed with so much difficulty. Thus Mr. Evans could not succeed in transmitting the ulcer which he calls the *ulcus induratum*, though he observes that the common raised ulcer may put on this appearance, which raised ulcer he has been repeatedly enabled to propagate in this manner.

With respect to the length of time which may elapse between the application of the virus and the establishment of the primary sore, a great difference of opinion has existed: there are good reasons for believing that, under certain circumstances, it may be delayed for some weeks, or that it may take place within 24 or 36 hours. The part to which the poison is applied will certainly make much difference; and general causes, such as excesses, fatigue, friction of the part by exercise, &c. may develop it sooner than it would otherwise have arisen without those additional provocatives. Thus far with regard to the primary symptoms: those which are called secondary, or constitu-

tional, have been the subject of even much more discussion: there have not been wanting authors who have expressed their belief that the symptoms of syphilis might lie dormant in the system for even 30 years; and, indeed, until very lately this opinion, though restricted in some degree, has been carried to a most absurd length. It has often happened that anomalous pains, eruptions not perfectly understood, single symptoms, such as partial paralysis, premature baldness, &c. have been looked upon as unequivocal evidences of a former venereal infection; and without recurring to medical authorities I shall mention that the celebrated Sterne, in one of his letters, tells his friend that the physicians whom he consulted insisted upon his symptoms being venereal, although at that time he declared to them he had not had connexion with a woman for 15 years. I am not, however, able to assert positively, nor to draw a very well defined line, as to the period of time in which constitutional affections may develop themselves: a few months have been generally sufficient in those modern experiments to which I have had occasion to revert so often; and with regard to eruptions upon the skin, and ulcerations of the tonsils, I should be little disposed to believe, if I even met with them after the lapse of two or three years, that they were the results of a sore contracted at so distant a period. Although I might not be able accurately to trace the history I should not be the less inclined to treat them according to the belief of their nature; because the motives of deception in these cases are so numerous and so strong that it is hardly possible, on all occasions, to expect to arrive at the truth. This leads me to make an observation on a difficulty which has arisen in the explanation of some few cases of the venereal disease in which the symptoms are at variance with the acknowledged history, thus throwing a doubt over the usual belief of the disease originating in sexual connexion. The histories of this kind are not numerous, it is true—scarcely, I think, occurring so frequently as to raise any reasonable objection against the position generally admitted; and I should rather be inclined to attribute them either to mistake, or to the obvious motives which may induce men

to conceal what is disgraceful to them, than be obliged to believe that what is not true of any other disease may be found so when applied to syphilis. Nevertheless it is my duty to tell you that there are authorities, and those of no mean consideration, who believe that the constitution may become affected without any previous breach of surface, or from a bubo solely, by the communication of the secondary symptoms from one person to another, merely by their sleeping together in the same bed. Swediaur tells a story of this kind; but the whole course of a very long and extensive practice only afforded him this one case; and, for my own part, I freely avow my belief that there was some deception practised in that instance. Respecting the contamination of the system from a bubo only, though I doubt the fact, I am not prepared absolutely to deny it; but it will be necessary to defer any explanation of the mode of treating such a case until I come to speak of particular symptoms.

Two cases are related by Mr. Abernethy in which married men, having ulcers on the penis, which they asserted not to be the produce of impure connexion, communicated similar ulcerations to their wives, and symptoms resembling those of secondary syphilis ensued; and Mr. Rose tells us that, in three instances, he has known husbands communicating the disease to their wives, and in two of those instances he was not able to ascertain that there had existed any sore subsequent to marriage. Now upon such cases I would observe that there are so many motives for deception, where married persons are concerned, that nothing short of the strongest evidence should satisfy me of the possibility of such an occurrence: it is contrary to all analogy—it is contrary to the belief, the experience, and even the feelings, of the bulk of mankind; and if it were founded on facts not one or two solitary cases would be met with, but the marriage state would afford us repeated evidences of such a mode of contamination. That a married man may have a breach of surface on the penis as well as elsewhere, and that he may communicate to his wife, by coition, some similar condition of ulceration, there can be no doubt; but, unless the specific poison of lues be present, I believe that the local evil would

be the termination of the disorder. It may, indeed, happen that a man may enter into a matrimonial engagement some weeks, or a month or two after having been apparently cured of a syphilitic ulcer, and that the imperfect cicatrix may again give way, and the disease be propagated in this manner; but if the contrary doctrine were true, where would be the security of the married state? Let any man look round among that class of society where the moral duties of domestic life are most commonly adhered to, and he will be convinced that such occurrences not only do not take place but are not even suspected.

In truth, the only circumstance that seems to favour this assertion is the difficulty that attends the explanation of the mode in which the fœtus in utero becomes affected: but this is a question totally distinct, and will engage our attention hereafter.

Should what I have above urged, however, fail of producing the same conviction upon others which it has effected upon my own mind, I must beg to call their attention to the following passage in the work of a late eminent surgeon, and upon this I would rest my case:—

“Almost every department of physical science,” he observes, “contains propositions which require exceptions, or against which objections may be brought that scarcely admit of a satisfactory solution. Yet, notwithstanding these, philosophers do not suppose it necessary to abandon duly verified axioms because a few phenomena not perfectly understood seem to militate against them. He who shall discard all general rules because they admit exceptions, ought likewise, for the sake of consistency, to renounce all science because human knowledge is fallible and imperfect.”

I am now about to present you with the arguments which have long continued to agitate the profession respecting the identity of the poisons of gonorrhœa and syphilis, a belief which, however, has not had so much influence upon practice as might have been expected, even in those who entertain that opinion: it is, however, an inquiry not only highly interesting in itself, but leads, in fact, to many useful deductions, when placed upon a proper foundation. It may be thought strange that those

acquainted with the history of syphilis, and who, whilst they acknowledge it to be a disease comparatively modern, at the same time admit that gonorrhœa was known from the earliest ages, should still adhere to the opinion of the poisons being one and the same; yet such is the fact—for upon this point both Mr. Hunter and his fierce opponent, Mr. Foote, are agreed: and their authority is farther supported by that of Swediaur and John Howard; and I hope to be able to convince you, that although this doctrine is not to be acceded to in its fullest extent, that they have more reason upon their side of the question than might be at first supposed.

The word gonorrhœa, derived from the Greek, and which literally means a flow of semen, is perhaps as badly chosen to denote the disease to which it is now applied as can well be: yet, as every body now understands what is meant by it, it is unnecessary to propose any change—and the more especially as no name has yet been suggested to which some plausible objection might not be made.

In former ages the term *arsura* seems to have been commonly applied to it: in the old English authors it is known by the name of *brenning*, or *burning*, which is, in fact, a translation of the Latin word just mentioned; whilst, in France, for the same reason, it has been called *chaud-pisse*, but now more recently *catarrhe urethrale*. Our common English name, *clap*, is derived from the French language, in which *clapiers* meant certain fixed places for the residence of common prostitutes: of late years, Swediaur has invented the word *blenorragia* for this disease, as implying a flow of mucus, but there does not appear any substantial reason for substituting this instead of the term commonly employed. Finally, in Dr. Butter's pamphlet it is designated by the more fanciful appellation of the *venereal rose*. So far respecting the name. The real question as to the identity of the poisons of lues and gonorrhœa lies really in a very narrow compass: it is unequivocally proved that a discharge of purulent matter from the urethra, with heat and pain in making water, was a common disease before the invasion of syphilis, and the only contest is, to decide whether any different form of gonorrhœa was afterwards

superadded to that already recognized and acknowledged. To set this question at rest, experiments have been instituted by several surgeons, but unfortunately the conclusions to which they have respectively arrived have left the matter as undecided as at first—those of Mr. Hunter having been flatly contradicted by Mr. Bell. After stating my own conviction upon this point, I will make you acquainted with Mr. Hunter's experiments, together with the many strong facts by which he supports his opinion. In confirmation of his views, several powerful advocates, both foreign and English, soon appeared; and such stubborn facts are recorded by Vigarous, Sawrey, Lagneau, Hennen, and others, that I scarcely know how we can refrain from giving a qualified assent to the proposition; especially since the negative proofs brought by Mr. Bell are open to this obvious objection—that as we cannot ascertain one diseased secretion of matter from another by the mere appearance, his experiments might possibly not have been made with the matter of a *venereal* gonorrhœa. It is most certain that if there be a species of gonorrhœa capable of conveying the constitutional effects of syphilis, such cases are very rare: nevertheless, that they are occasionally met with not the slightest doubt can be entertained; and these secondary affections are, when they occur, equally curable by a mild and judicious mercurial treatment. Yet, admitting this to be true, there does not appear to be any reason for altering our practice in the general treatment of gonorrhœa; since, in the inflammatory stage, whether (if I may assume the expression) it be venereal or not, mercury would be equally improper and useless; and considering also the rare occurrence of secondary symptoms, and how easily they are to be controlled as they arise, it is certainly on every account most judicious to wait for their approach.

When we consider the structure of the female parts of generation, and their liability to discharges of various kinds, the possibility of such discharges arising spontaneously, as is proved even by female infants of three or four years of age, under certain circumstances of constitutional ailment, being affected both with profuse and acrimonious discharges from the pudenda, an occur-

rence which I have witnessed upon many occasions, we surely cannot be surprised that the disease usually termed gonorrhœa, that is, a purulent discharge from the urethra, attended with heat of urine, should be so commonly the result of promiscuous connexion. Nor is it in the female only that such discharges will arise from accidental causes, for all surgeons well know that an irritable condition of the male urethra will produce the same effect in a man, whenever connexion takes place even with a perfectly sound and healthy female; and no doubt the disease so produced might afterwards be propagated by coition. In some animals, the dog especially, we see occasionally, from mere excess of sexual indulgence, a somewhat similar disease established; which is, in truth, the mere effect of any irritation, however simple, applied to the tender and very susceptible membrane of the urethra. If this be true, and I firmly believe that nothing has been exaggerated or misrepresented, I can readily understand how it came to pass that, soon after the invasion of syphilis, authors began to distinguish gonorrhœa as a symptom of that complaint: not that they were previously unacquainted with a similar disease, but that they then began to observe that something more than usual attended the disease from that period, so that it was occasionally followed by the symptoms of lues; that it was often the first diseased appearance that presented itself, and was often accompanied with or succeeded by chancres. Such cases are not, indeed, unfrequent now: it was but last week that an instance of this kind presented itself to me in the person of a man who was labouring under gonorrhœa, and who, after the lapse of a few days, when the discharge was beginning to lessen, observed a small pimple on his glans penis, which proved to be a troublesome ulceration, with all the appearance and character of chancre. Writers upon syphilis abound with similar histories. The length of time that elapses between the application of the gonorrhœal matter and the breaking out of the ulceration, is occasionally very considerable. Mr. Evans records such an example, and in Mr. Hunter's Treatise several others are to be found.

Thus I am inclined to believe that, although the vast majority of cases of

discharge from the urethra, attended with pain in making water, which are the consequence of sexual intercourse, and have therefore the common name of gonorrhœa applied to them, are, in truth, merely local affections of different degrees of intensity and duration, depending much upon the peculiar temperament of the person affected by it, and other accidental causes; yet still I acknowledge the existence of a species of gonorrhœa to which the term of venereal, or syphilitic, has been applied; and I farther believe that this species may lead to ulcerations of the throat and palate, to ophthalmia, to eruptions, to swellings and pains in the joints, and, finally, to affections of the periosteum and bones. If I am asked why (granting this explanation to be true) it happens that sometimes this gonorrhœa takes place after connexion, and sometimes ulceration only ensues, and why the cases in which secondary symptoms occur are so few, I can only reply by calling to your recollection the fact already proved by the experiments made in the army—that not one ulceration out of six or eight, or even ten, according to some of the reports, are followed by the decided proof of the disease having been syphilitic—that is, by secondary symptoms. Neither do I know any good reason that can be given why one kind of ulcer should prevail usually in one climate, whilst it is rarely met with in another: but there can be no doubt, from the medical records of the last age, that gonorrhœa, followed by lues, was at that period very frequent; indeed so much so, that the satirists of those times assert it as an acknowledged and established fact. Thus Dr. Donne says,

——— time, which makes a calf an ox,
And travelling on, confirms a clap to pox.

I merely quote these lines to prove the universality of the belief. The evidence of Wiseman, Sydenham, Paré, and others, I, however, consider to be unanswerable, when mere matters of fact are to be decided upon. Should these observations have but little weight, I would beg to draw your attention to an observation made by Mr. Carmichael, who, in alluding to the infrequency of secondary symptoms after gonorrhœa, says that the security of the constitution probably arises from the structure of the part to which the poison is ap-

plied, inflammation and suppuration being the means by which nature forbids the introduction of morbid poisons into the system, analogous to what is found to take place in the cow-pock inoculation, where, if we wait till the pustule has suppured, we shall fail in communicating the disease. This explanation is ingenious, and would be perfectly satisfactory but for one circumstance—it does not account for the infrequency of secondary symptoms following gonorrhœa. Now, in comparison with what we find recorded in the sixteenth and seventeenth centuries, another conjecture, for it cannot be called by any other name, has been formed upon this subject: it has been supposed that secondary symptoms only ensue in those rare cases of ulceration situated within the urethra, accompanied by gonorrhœal discharge. These sometimes exist within sight, or are at least palpable externally to the touch; neither is it impossible that they may be occasionally situated lower down in the passage, but this requires farther confirmation. Now from all that has been urged above, it appears to me, that soon after the invasion of syphilis a kind of gonorrhœa was occasionally met with which led to secondary symptoms; that the distinction between this species and all other purulent discharges from the urethra being no otherwise obvious to the senses than by the ulterior consequences arising from it, was speedily lost sight of, every such discharge came to be considered as venereal, and the patient was subjected, without hesitation or deliberation, to a course of mercury. The progress of time having led to the discovery that this was a mistaken view of the subject, and that discharges from the urethra did not, in fact, in the great majority of instances, lead to any constitutional affection, the profession ran into the opposite extreme, and now deny that gonorrhœa ever is to be accounted a symptom of syphilis.

Having now, in as few words as possible, endeavoured to explain to you my own views upon this subject, I will detail to you the conflicting evidence which you will meet with in different treatises, and you will then be able to judge how far I have formed a just estimate of the labours of these various writers, and on which side of the ques-

tion the balance of evidence appears to lean.

Mr. Hunter, in a very early part of his work, declares as follows:—"If any doubt still remain with respect to the two diseases being of the same nature, it will be removed by considering that the matter produced in both is of the same kind and has the same properties; the proofs of which are; that the matter of a gonorrhœa will produce a chancre, or lues venerea, and the matter of a chancre will produce either a gonorrhœa, a chancre, or the lues venerea." This assertion is followed by the relation of the case of a gentleman who twice contracted a gonorrhœa, of which he was, upon both occasions, cured without mercury: about two months after each he had symptoms of the lues venerea; those in consequence of the first affection were ulcers in the throat, which were removed by the external use of mercury;—the symptoms in consequence of the second were blotches on the skin, for which he employed the mercurial ointment, and was cured. In order to account for these phenomena, Mr. Hunter observes that there is a different kind of action of the parts affected when subjected to irritation: the gonorrhœa always proceeds from a secreting surface, and the chancre is formed on a non-secreting surface; and in this last the part must become a secreting surface before matter can be produced. Such is his theory. In order, however, to prove the truth of his assertion, he performed the following experiments, which I shall relate in his own words, with this previous remark—that it is much to be lamented that he did not suffer the maladies he produced to pursue their natural course, without the interference either of caustic or mercury; but which treatment he adopted, as you will perceive, in consequence of a preconceived notion that by so doing he proved the venereal nature of the symptoms. Mr. Hunter tells us that, in order to ascertain several facts relative to the venereal disease, he made two punctures with a lancet dipped in the matter of gonorrhœa, on the penis: one puncture was on the glans, the other on the prepuce. This was on a Friday: on the Sunday following there was a teasing itching on those parts, which lasted till the Tuesday following; in the meantime, the

puncture being examined, there seemed to be a greater redness and moisture than usual, which was imputed to the parts being rubbed. Upon the Tuesday morning that part of the prepuce where the puncture had been made was redder than natural, thickened, and had formed a speck; by the following Tuesday the speck had increased and discharged some matter, and there seemed to be a little pouting of the lips of the urethra, also a sensation in it on making water, so that a discharge was expected from it. The speck was now touched with lunar caustic, and afterwards dressed with calomel ointment. On Saturday morning the slough came off, and it was again touched, and another slough came off on the Monday following. The preceding night the glans had itched a good deal, and on Tuesday a white speck had appeared where the puncture had been made: this speck, when examined, was found to be a pimple full of yellowish matter. This was now touched with the lunar caustic, and dressed as the former. On Wednesday the sore on the prepuce was yellow, and therefore was again touched with the caustic. On the Friday both sloughs came off; the sore on the prepuce looked red, and its base not so hard, but on the Saturday it did not look quite so well, and was touched again; and when that slough fell off it was allowed to heal, as well as the other, which left a dent in the glans. Four months after the chancre on the prepuce broke out again, and very stimulating applications were tried, but these seeming not to agree with it, and nothing being applied, it healed up. This course it pursued several times, but the sore on the glans never broke out again. Whilst the sores remained on the prepuce and glans, a swelling took place in one of the glands of the groin on the right side: mercury was rubbed in for some days, and the gland subsided; it was then left off. The gland, after some time, began to swell again; as much mercury was rubbed in as appeared sufficient for the entire destruction of the gland, without giving enough to prevent the constitution being contaminated. About two months after the last attack of the bubo a little sharp pricking pain was felt in one of the tonsils on swallowing any thing; and on inspection a small ulcer was

found, which was allowed to go on till its nature was ascertained, and then recourse was had to mercury, which was rubbed in on the same leg and thigh as before, to secure the gland more effectually. As soon as the ulcer was skinned over the mercury was left off, it not being intended to destroy the poison, but to observe what parts it would next affect. About three months afterwards, copper-coloured blotches broke out on the skin, and the former ulcer returned on the tonsil: mercury, in a palliating manner, was again had recourse to. It was left off a second time, and the same symptoms recurred; and therefore mercury was now taken in a sufficient quantity, and for a sufficient length of time, to complete the cure.

This explanation of Mr. Hunter's was for some time deemed to be conclusive, until Mr. Bell published the result of experiments which he had instituted; the result of which were in direct opposition to the former. These I will relate presently, but I will first pursue the evidence on Mr. Hunter's, on the affirmative side of the question. Mr. Hunter's opinions were espoused by Mr. Sawrey; more recently by Mr. Whately, as well as by Mr. Jacobs, who published "*a Demonstration of the Identity of the Diseases at Brussels*," a few years ago. I have anticipated most of the arguments made use of in those publications; but there is one remark made by Mr. Sawrey which cannot, in my opinion, be well replied to. He says, that if in any *one instance* the inoculation of gonorrhœal matter has produced chancre, there is an end to the question.

[To be continued.]

NEW METHOD OF EXTRACTING THE STONE FROM THE BLADDER.

The Quadrilateral Operation.

BY DR. VIDAL.

IT was from the ingenious adaptation of the different modes of incision, or dilatation, successively proposed, put into practice, or rejected, for the reduction of strangulated herniæ, together with the different methods of incising the

perinæum and prostate gland, and of dilatating the urethra in cases of vesical calculus—it was from the rupture of the prostate in a star-like shape, which the author has frequently observed in post mortem examinations of those who died after the operation for the stone—that Dr. Vidal conceived the first idea of the operation he recommends.

Infiltrations of urine are the most common accidents to be feared after the operation of lithotomy, as well as the most fatal, and in the lower operations the best, perhaps the only means of avoiding this accident, is to take care that the incision does not pass beyond the base of the prostate gland, the tissue of which being dense and resisting, and its covering fibrous, opposes those infiltrations with much greater effect than the loose and extensible cellular tissue which surrounds the bladder. Whether, therefore, we cut directly upwards with MM. Dupuytren and Thomson, directly downwards with MM. Sanson and Vacca, transversely with M. Boyer, or in any other line of direction intermediate to the four principal ones; whether the operation be performed after the manner of Cheselden, Frère Come, &c.—the dangers of the incision only become real in proportion as we have passed the prescribed limits. When this incision has only a small extent it is of little importance, according to Dr. Vidal, to which of the above proceedings we give the preference; but when it is necessary that the incision should be considerable, it will certainly be better to combine the different methods, and to incise in several directions at the same time. It is the same in the operation for hernia; and the author pursues this interesting comparison as far as it will go.

We shall content ourselves with describing Dr. Vidal's mode of proceeding, and refer the reader to his Essay for the circumstances that led him to the invention: but the idea is too important, and the practical results that may be deduced are too remarkable, to pass it over without analysis. We shall, however, precede the description of the process which he proposes with some portion of the general considerations which he has placed at the beginning of his work.

I have already observed, says the author, that the prostate may be cut in every line of its direction, and that,

when the incision is only of small extent, without any inconvenience. Nevertheless (he continues) it should be established that all the lines of direction of this gland are not the same; so that, in making the incision, whether it be single or multiple, those may be chosen which have the greatest extent. Thus, in the adult, when the gland is cut perpendicularly down, if the incision exceeds seven lines it will pass beyond the boundaries of the base. Sometimes the same inconvenience may result from cutting only to half the extent in this direction, for it may happen that the urethra traverses the gland much below its middle part: that canal may be entirely situated below the gland, and then it is said that the lower lobe is wanting.

If we cut directly upwards (in the adult) there is a much smaller extent to incise; and though it may not be quite correct to say that the prostate is entirely wanting in this direction, it always happens that this line is of very trifling extent; sometimes it does not exist at all—and this is constantly the case in the infant, from its not being then developed. The transverse incision may be carried much farther than either of the above-named ones—it may extend more than eight lines. It is upon this line that M. Boyer directs the internal incision in the lateral operation.

Between these four principal lines there are several intermediate ones, four of which only are necessary to be considered in this place, because it is upon them that the incisions of the quadrilateral operation are made. Of these lines, two are of considerable extent: they are those which run through the thickness of the base of the gland, between the perpendicular line and the two horizontal ones. In this direction the incision may extend as far as ten lines without passing beyond the base of the prostate: it is upon one of these lines that the internal incision of the ordinary lateral operation is made, and it is upon both together that the bilateral incision of M. Dupuytren acts. These two lines Dr. Vidal calls the inferior oblique; the other two, which he denominates the superior oblique, include two triangular spaces bounded by the superior or vertical line and the two horizontal ones: their extent is nearly eight lines. It is upon these that the third and fourth incisions are carried,

when the bilateral incision is not sufficient for the extraction of the calculus.

In proposing to incise in four different directions, the author is aware that he may be accused of cutting the prostate into pieces, as well as the portion of urethra that traverses it; but, he observes, if the proposition I now make is read with attention, it will at once be seen that the urethra can never be divided into more than two segments, as in the bilateral operation, since, of the four incisions, it is only those made upon the inferior oblique lines which will be prolonged to the summit of the prostate. The incisions made in the superior oblique lines will only be carried upon the little projection which is formed round the orifice of the bladder by the base of the prostate: the rest of this gland, and consequently the portion of urethra that corresponds to it, is left untouched upon these two points. In a word, the operation will only be quadrilateral upon the neck of the bladder, at the spot where the greatest obstacles present themselves to the extraction of the stone. The external incision, and those of the summit and body of the prostate, will be performed precisely as in the bilateral operation.

My object (continues the doctor) is, as may be easily perceived, to have a large space, and that without going beyond the limits of the base of the prostate: in short, to be able to extract stones of a large size—and that without incurring the risk of those accidents which follow the necessary efforts made at extraction in the other methods of operation, as well as those which are the result of an incision carried too far.

To appreciate all the ill consequences and dangers of those divisions of the prostate gland employed every day, when a large calculus is to be extracted, let us examine what happens from wounds of that part, produced either by incisions or by a rupture of the gland.

When the incision made into the prostate has not exceeded the limits of the base of this gland, and when the cut has been a clean one, at that moment the substance of the gland swells, the surfaces of the incision approach each other, and the urine, not being able to pass by this passage, takes its natural course along the urethra. It may, however, happen that the urine passes for some time through the external wound;

and it may also happen that in less than five days it may pass entirely by the urethra. Nothing can prove the truth of these positions more than the brilliant success that Beclard obtained by means of the bilateral operation: in less than three hours after its performance the patient passed his urine by the penis. Such is not the case, however, when wounds of the prostate, instead of being simple, are sinuous, or unequal—in fine, when they are produced by tearing the gland; and especially when small portions of it are detached, which happens when a calculus is forcibly torn away that is full of sharp points.

In this case, supposing even that the rents have not passed the boundaries of the gland, infiltrations of urine may occur; and even when this fatal accident does not take place incurable fistulæ may ensue. This last circumstance the author has met with even as a consequence of the bilateral operation; he has also seen the urine escape, in part, by the wound a month after the operation, and which probably lasted much longer*. The subject was an infant, and the incision had been ill made.

Ruptures, and even incisions, have consequences still more fatal when they exceed the limits of the base of the prostate: in wounds of this extent the body of the bladder is comprehended. The following circumstances take place in consequence of such wounds, when made with the knife:—The lips of the wounded prostate approach each other from tumefaction; they become very soon in contact; they do not suffer the urine to pass; this liquid escapes by the wound made in the body of the bladder much more easily than by its natural orifice; it insinuates itself into the cellular membrane that surrounds the prostate and neck of the bladder, and from thence arise suppurations and fatal mortification. These morbid products are, in a great measure, above the superior aponeurosis of the perinæum, almost in contact with the peritoneum, and from that circumstance arises the inflammation of that membrane and its commonly fatal consequences. It is this accident which rendered the practice of Cheselden in the first instance so unfortunate—that is, before he had

learned to dread those wounds of the prostate which exceed the limits of its base.

[To be continued.]

NEW EXTRACT OF GINGER.

To the Editor of the London Medical Gazette.

SIR,

As every improvement in *Materia Medica*, however trifling, is worthy the attention of the profession, I am desirous of making known, through the medium of your Journal, a new mode of exhibiting ginger as a medicine, in the form of an extract.

This extract is obtained by digesting alcohol on the root, and distilling it at a moderate heat; and as made in our laboratory, possesses all its sensible qualities in a highly concentrated state, having a deep brown colour, and a semi-fluid consistence. When the operation is conducted with care, the extract may be re-dissolved in spirit, and will form a tincture differing in no sensible quality from the original tincture from which it has been procured.

This article of *Materia Medica* presents an elegant and efficient mode of administering ginger in all the cases to which it is applicable, and will be found a good substitute for volatile oils, as an addition to drastic purgative pills.

As a guide by which prescribers may be enabled to determine the proper doses, I may add that one pound of good Jamaica ginger yields about one ounce of extract.

I am, Sir,

Your obedient servant,

HENRY ANCELL.

No. 196, Oxford Street,
Sept. 5, 1828.

CAMBRIDGE DEGREES*.

To the Editor of the London Medical Gazette.

SIR,

ON reading the words "Cambridge Degrees" in your table of contents last Saturday, I turned to the page there indicated, in the expectation that I should find some notice of the extraordinary

* After the essay was completed, the Doctor learned that this patient died.

* A reply to this letter will be found in our leading article.

remarks upon the medical degrees of that University, contained in your leading article on Saturday the 9th of August, and headed "Fellowship of the College of Physicians." I was disappointed at finding merely an explanatory answer to a sneering question of your own, in regard to the examination of candidates for the M.B. degree. Although Verax has done well in obviating by his reply any misconstruction which might otherwise have been applied to his silence, the question itself appears to me to have been unnecessary and uncharitable; it was warranted neither by the real facts of the case, nor by any analogy derivable from the mode of examination pursued at Cambridge in other branches of academical knowledge.

My chief motive, however, in troubling you with this communication, is a desire, in the absence of a better advocate on the part of the University, to correct the erroneous impression which your observations are calculated to make upon those who are ignorant of the conditions on which medical degrees are granted at Cambridge, and who look to your Journal for accurate and impartial information, especially upon subjects which, in your Editorial capacity, you undertake to illustrate or to discuss; and I beg to premise that I do not here concern myself with your remarks upon the College of Physicians further than they are connected with your incorrect and injurious statements concerning the Cambridge Fellows. I neither admit nor deny their justice or their pertinence.

You say, "it is notorious that one of the Universities is very easy in the terms upon which it admits *ingenuous* youth to the honours and privileges of its medical degrees. It spreads its nets far and wide, and brings home a miraculous draught of fishes;" and you soon cause your readers to understand that the University here intended is the University of Cambridge.

Now, sir, from my own knowledge of the matter, I take upon me to affirm that it is *not* notorious, nor true, that any undue facility exists in the acquisition of a medical degree at Cambridge—taking your assertion either in an absolute sense, or with reference to the existing state of medical education in this country: and further, that if you intend it to imply a discreditable comparison

with the sister University, the insinuation is completely unfounded. If you dispute my anonymous authority on these points, I refer you, on the one hand, to the 96th No. of the Edinburgh Medical and Surgical Journal for an account of what is required from the candidate for medical graduation at Cambridge, which account is drawn up by the Regius Professor of Physic in that University; and, on the other, to any Oxford doctor of your acquaintance, for information concerning the discipline enforced, and the acquirements insisted upon, as well as the tests by which those acquirements are ascertained, for similar honours in the University of Oxford.

I do not well understand what is meant by your metaphor of the nets and fishes, but I do know that the regulations at Cambridge have undergone no recent alteration, except that more encouragement is now given than heretofore to the students in physick to take their degree in arts previously to the first degree in medicine; and that the examinations for the M.B. degree, and the conditions of its attainment, have become, under the present able and active professor, much more strict and comprehensive than formerly.

In regard to another part of your article, so expressed as to imply a general disparagement of the Cambridge Fellows, I content myself with calling upon you to state plainly the names of those medical term-trotters who, according to your account, are inflicting discredit on the College Fellowship. Which of the Cambridge Fellows in the latter fourth of the list, (for your remarks seem intended to apply to recent times) have been tradesmen? which of them are refugees from other professions? which have graduated elsewhere, and in default of success betaken themselves to Cambridge for degrees, leaving their names on brass plates in London? Nay, sir, how many of them have not, to use your own phrase, resided in the University for the University's sake?

You may, perhaps, find one or two, (though I think you will not find so many as two) who had graduated at Edinburgh previously to their residence at Cambridge. Are you willing to admit that the character of the Fellowship is necessarily lowered by the addition of such persons to its members? If, as I do not expect, you answer this question in the affirmative, you will still have to

explain how these rare instances can fairly be considered as establishing a vicious custom. Of your other species of term-trotters I firmly believe you cannot furnish one example.

I am unwilling to imagine that the inaccuracies or exaggerations of which I complain are wilful on your part. I believe that you, Mr. Editor, know but little of the constitution of the University of Cambridge, and have been abused by some other person, equally uninformed, or prompted by some hidden motive of his own to malign that University, and to depreciate its medical offspring. I ask you to make further inquiry into these matters; and if the result of such inquiry shall be a conviction that your former statements were erroneous and unjust, you will, I am persuaded, have the candour to acknowledge your mistakes, and to relieve the large body of Cambridge Fellows from the unmerited aspersions which you have been pleased to cast upon them collectively.

I have the honour to be,

Sir,

Your humble servant,

THEMISON.

London, Sept. 3, 1828.

MECKEL AND THE LONDON UNIVERSITY*.

ON hearing him announce his intention of forming a larger gallery for his museum, I could not help expressing my surprise at what appeared to be in contradiction with the printed declaration of the Council of the London University, that he had been appointed one of its professors. Is it then true, I added, that the Prussian Government, as I have been told, having claims on your collection, in consequence of sums said to have been paid by the King for keeping it up, and for journeys undertaken by yourself in order to increase it, you are probably not able, or permitted to leave the country? The whole of this Meckel instantly contradicted. The Prussian Government granted him, besides his salary of 1500 Rix-thalers as professor, a further sum of 300 Rix-thalers annually for spirits and glass bottles, and to pay for an assistant withal; but not only was the sum in question totally insufficient

for any of those purposes, but he was himself constantly out of pocket in the purchase of the necessary *subjects*; and as to the journeys, all those which he had undertaken for the sake of instruction, and to add to his museums, had been performed at his sole expense; nor had he ever received the smallest pecuniary remuneration from his Government. "So far from the Prussian Government having any claim upon me," continued Meckel, "much less a lien on myself and museum, as I know that many of my brethren in Germany have studiously propagated, I am as free as air, and have indeed, as a proof of it, received permission of that Government to go whenever and wherever I please." What then has occurred since I left England, was my next observation, which could induce you to alter your mind as to the professorship of that University? "I have never changed my mind on the subject; but at the same time I never can consider the thing in a serious light, when I look at the manner of negotiating to which the Council has had recourse on the occasion. In the first place I have never had any ostensible head of the establishment to deal with. Secondly, I am, as yet, kept in total darkness as to the emoluments attached to the situation, and the mode in which it is intended to secure their payment, and by whom that payment is to be made. Thirdly, a person has been sent to me, whom I found to be incompetent to estimate the value and importance of such a collection as this, and not properly instructed how to treat with its possessor. How, I would beg leave to ask, situated as I am, and established in a post of honour, trust, and certain emoluments, (however trifling those emoluments may seem in England,) could I, on a mere loose conversation, or a letter or two from the Secretary of the Institution, explicit in nothing, but in the request that I should proceed to London, be expected to expatriate myself and my collection, and go to look after a chair in a University as yet without a habitation or a name? I could not lose sight of this great fact, that when once I have left Germany for the purpose of becoming a professor in London, should the scheme there fail, or should I go thither before a proper remuneration has been fixed upon and guaranteed, I might find my-

* From Dr. Granville's St. Petersburg.

self an unemployed wanderer from home. No, if those who are to conduct the London University had been serious in thinking that my efforts, name, and collection, could be of service in promoting their praiseworthy undertaking, they either would have forwarded to me distinct and precise propositions, stating the terms on which our mutual connexion was to be formed, or have asked me, at once, to name my own conditions for my services and the use of the museum; and either have acceded to them or not, as they pleased; and once acceded to, or spontaneously proposed, they would have specified some sort of security or guarantee for the fulfilment of our agreement. Were I to act otherwise, and leave a certainty for an uncertain and undetermined speculation, I should be hazarding a greater stake than any of the other professors already resident in London, who either had no place before, or resigned whatever situation they may have held elsewhere, long before they had any idea of belonging to the new University. The gentleman who came to me on the part of the council was only explicit in the sum, which, he assured me, he had taken care to have guaranteed to himself, as one of the elected professors, and which he advised me to ask also, although our respective claims were far different. In every other respect he seemed to be quite unprovided with any specific instruction. The amount he then mentioned was of that nature which induced me to signify a sort of readiness to treat; but he expected, and even wished, that I should, immediately after dinner, at my own house, sign a paper to that effect. Things of such magnitude, however, require consideration, and are not to be settled abruptly. I was the more desirous of taking time to reflect whether or not I should break up my whole establishment here, and go to a foreign land, as my wife, who was necessarily concerned in the transaction, was absent from home, and I therefore declined pledging myself to any specific arrangement for the present. I afterwards made my own propositions, as I had a right to do, *pendente negotio*; and whether these were or were not in keeping with any expectations which that deputed person may have raised on his return to London, he had no right whatever to complain of

my proceeding, much less to address to me letters which I was compelled, from regard to my own respectability, to leave unanswered. He made his proposition, or threw out suggestions for my making one. I neither accepted nor declined the hint; took time to consider, as all would have done in my situation; consulted my friends; and, at last, made my own propositions. The only answer I have received, after having been kept long in suspense, without any communication, has been, to request me *to go over to England to treat*. This I shall certainly not do, as I am not, and have never been a suitor for the chair in question, like most of the other professors of that intended University, who have all been candidates and solicitors for their respective situations. Nothing but clear and definite terms, guaranteeing the payment of my honoraries, shall induce me to stir. It has been stated, that I was at the time in treaty with the Prussian Government for the chair of Professor in Berlin, should it become vacant. Most assuredly I have been so. As there was a chance of my bettering my situation, by being transferred to Berlin, at the time that unsolicited and desultory offers were made to me from London, which might, after all, lead to nothing, it was not likely that I should lose the opportunity of improving my condition at home through any false delicacy*. But to assert that I made use of the proposition forwarded to me

* In a letter dated March last, Professor Meckel repeats the import of this assertion, and states that a Dr. Spry had been the first to suggest to him the notion of applying for the professorship, by a letter, to which Meckel did not think it necessary to pay the least attention for some months; and that the first intelligence which he received of his having been elected one of the professors of the new University was through the newspapers. It is somewhat singular that the Council should have printed Meckel's name among the list of those who were to fill the respective chairs at the opening of the medical season, without having previously ascertained whether that gentleman was inclined to accept the office, and if so, on what terms. I well recollect the becoming exultation with which a noble lord, who has proved himself a most active and zealous member of the Council, and to whose courteous manners I am happy to bear witness, communicated to me the appointment of Meckel in July 1827, at his residence; and his asking me, at the same time, whether I did not consider that the University had made a great acquisition in securing his services? My answer must have confirmed him in that opinion, for I took the liberty of assuring him that the University had thereby gained a century of reputation; yet Meckel himself knew nothing of such an appointment!

from London, in order to induce the Government of this country to give me a better situation, or that I am not in a condition to be allowed to leave the Prussian service, is to advance that the inaccuracy of which is proved by this single fact, that during the only correspondence which took place on this subject, Government, in the most honourable terms, conveyed to me not only permission to leave the service, if I felt so inclined, but even engaged itself to place me, if at any future period I should wish to return, in a suitable way, here or in Berlin. If ever, therefore, those assertions are made in your hearing, I beg you to contradict them in the most unqualified manner." I was not prepared either to dissent from or to accede to the presumed justice of these remarks; but feeling grieved at the prospect of the London University losing the services of a man, who, together with them and his museum, (second only to the Hunterian,) would have secured to that infant institution an European reputation of a century in anatomical science*, I endeavoured to collect from him what were the precise conditions on which he was willing to resign his present prospects at home, and come to settle amongst us. In order to assist him in making up his mind, I ventured to give him such information as he seemed most in want of, divesting the main question of all its minor and accessory points. The conclusion of our conversation was an authority given me to note down his final determination, which I offered to make a proper use of after my return to England, should a favourable opportunity present itself, of so doing privately; but of which I would not undertake to be the official bearer. This authority the Professor afterwards repeated at his own hospitable board, of which he had invited me to partake, and at which were present his lady, a person of the most agreeable manners, and a physician practising at Merseburgh. For this purpose we had assembled in his dwelling apartments,

* The founder of the fair fame of the Meckels in Europe, the grandfather of the present professor, to whom anatomy is most deeply indebted, flourished in the beginning of the last century, and was followed by a worthy successor in his son, the father of the professor at Halle, who like him maintained a character which has since become proverbial in anatomical and physiological science.

which, far different from those of many other men of science which I had visited on the continent, bespoke, by their order, neatness, and superior arrangement, the abode of a well-bred man of the world. To state Meckel's final determination, now that every species of negotiation has been broken off, would be superfluous. Meckel remains at Halle, and will probably, on the resignation of Rudolphi, who is much advanced in years, be transferred to Berlin, precisely the field for such a genius. In the meantime the Prussian Government has added considerably to his salary, thereby showing the estimation in which they hold his services; and having also been named *Doyen* of the University, he finds himself, including the fees of the students who attend his three distinct courses of lectures, in the enjoyment of an annual income of fifteen thousand franks, with which he can procure at Halle every comfort that fifteen hundred pounds can command in London, the University of which city has lost a professor whom, be it said without invidiousness, they cannot replace; and a museum of morbid, but above all, of comparative anatomy, which fifty years of labour and skill will not enable them to form. This looks like an ominous stumble *in limine* on the part of that Infant Society*.

SOEMMERRING AND HIS MUSEUM.

As my present business in that city (Frankfort) was of a two-fold nature, namely, to recruit my finances, and to visit Professor Soemmerring, who shares with Blumenbach the Patriarchal chair among the living physiologists, I lost not a moment in carrying both those

* The present allusion to this extraordinary transaction is not wantonly, but advisedly made. It could not be otherwise in a book written by a medical traveller who professes to give a popular account of the state of Universities abroad, and of the most distinguished men attached to them, at a time too when so much is said and done on the subject of Universities at home. I have also another, and I trust an equally praiseworthy motive for the allusion;—it is that of affording an opportunity for explanation to a public body implicated in what certainly does not appear, as it has been represented to me, (and I will vouch for nothing beyond it,) to be the most straightforward kind of dealing. Among that public body there are some whose honesty of purpose, and earnestness of desire, are well known to me to equal their sincerity of benefiting mankind, by affording them proper instruction; and who claim my most unfeigned respect. They, at all events, will not misconstrue my intention.

pleasing tasks into execution. The first having been dispatched presently, I next directed my steps to the villa of the veteran Professor, pleasantly situated a short way beyond the Untermain Thor, where I was fortunate enough to make his personal acquaintance, of which I had long been desirous, and which will form henceforward one of the most pleasing recollections of my life. The name of Soemmerring is one which has been so long familiar to the present and past generation, as being intimately associated with the most brilliant epochs of modern medical science, that we are apt almost to speak of him in society as of a departed spirit, whose posthumous fame alone recalls him to our remembrance. He has laboured so incessantly and so actively since his first remarkable essay on the basis of the brain, and the origin of nerves, in 1778, that we take it for granted that his honourable and busy career in this world must be closed, for he has worked just half a century in the field of scientific investigation. I was therefore delighted to find him, not only alive at the age of seventy-three, but active in body, elastic in mind, and free from every appearance of senility, except the glossy and pure-snowy hair which sets off a most expressive and agreeable countenance. Next to the late Sir W. Farquhar, who died at the age of eighty-four, after a most useful life spent in the service of humanity, and a kindred good soul and able man, Mr. Cline, also no more, Soemmerring struck me as one of the handsomest and most engaging old men I had ever seen. He strongly reminded me of both those departed friends. Even at first sight it is impossible not to feel attached to him; but when he opens the flood-gates of his learning with that simplicity of style and modesty of behaviour which have ever distinguished men of real genius, the admiration and regard felt for him are irresistible.

The account of my interview with this celebrated man need not detain me very long, as it was made up of none but conversations on subjects of anatomy and natural history, and most of our time was spent in carefully going over his museum—circumstances which, I dare say, do not excite much curiosity in my general readers. He spoke English in preference; and the first ob-

servation he made on entering the museum was a glowing tribute of praise to the two great Hunters. Soemmerring had during his early life been on the most friendly terms with both those illustrious brothers; and he repeated, with great complacency, the many sensible and apt remarks he had heard them make in the course of those early repasts of the morning at which it was the fashion, among the scientific men of the last generation, to assemble on days of relaxation.

Soemmerring's museum is remarkable for the neatness as well as the great value of its preparations, some of which have been rendered classical, not only for their intrinsic merit, but also as having served to illustrate some of those important writings of that able physiologist, which have since become authority with the profession all over the world. Its arrangement too is of the best description, and the several divisions contain choice specimens, illustrative of the history of every organ of the body, or part of it; from its primitive state of organization to the display of the effect which disease has produced upon it, and through every gradation of form and element, including the capricious freaks by which nature has so frequently exhibited her formative defects as well as exuberance in animal structures. For the benefit of those who are learned in these matters, I have thrown into a note the summary and numerical list of the preparations which I examined*, and which constitute the principal part of the collection, elegantly put up in glass bottles, stopped with ground-glass, held down by a peculiar contrivance, which

* PARS PRIMA.

Ossa	19
Cor et Viscera	64
Nervi Cerebri	244
——— Tactûs	} 47
——— Gustûs	
——— Olfactûs	
——— Auditûs	
——— Visûs	21
——— Optici	73
Species Fœtus	35
Monstra	116
	72

PARS SECUNDA.

Animalia integra, et partes eorum	180
Vermes	237
Pathologicae	344
Variae	754
Ossa morbosa	705
Calculi	93
Res Peregrinae	96

Total 3100

most successfully prevents the evaporation of the spirit. "And this collection," observed Soemmerring, "which I am glad you see reason to approve of, I am now getting ready to be packed at a short notice for your new University in London; and right glad am I that the united results of fifty years' labour, harassing fatigues of body and mind, and expense almost beyond my patrimonial means, will find shelter where they will be of use to the profession, and will be cherished and properly taken care of. I shall live, then, in the good opinion of a nation whom I have always esteemed, and among whom I spent some of the happiest days of my life. A gentleman deputed by the council of the University, who, I understand, has paid a similar visit to Meckel," (my heart misgave me,) "has been to see my collection, approved of it, and departed, after having entered into a negotiation, which, I should have thought, promised to terminate successfully, were it not that I have not received any tidings from him for months, nor can I get any replies to my letters.' Alas! alas! said I to myself, an evil star presided at the birth of the London University. Is this second chance then, of enriching an *uncreated* museum with a classical collection of many *unique* and rare specimens to be thrown away, in despite of the wish (for such I must assume it to have been) of those zealous promoters of learning, who have been foremost in the formation and administration of that institution,—a wish which has led them to dispatch a person to Meckel and Soemmerring, to secure the service and museum of the one, and the collection of the other? I replied not, however, to Soemmerring's observations, but listened. "I have offered the whole of the museum for the sum of 4000*l.*, and I engage to find cases, packing, and every other necessary vehicle, for its safe conveyance to London by the Rhine; so that the preparations may be ready, in a few days after their arrival, to be displayed in their museum. Some years ago I refused 3000*l.* for it, but I have since augmented the museum very considerably, particularly with preparations which are not to be met with elsewhere. There was a most kind gentleman, a physician, whom I dare say you know, Dr. S——, who paid me a visit last summer, to whom I mentioned the state

in which the negotiation stood; and he undertook to see one of the Council about it. I was sorry I had not my catalogue *raisonné* of the collection fairly written out at the time to give him; for your people in London would then have formed, what I feel confident they will not be able to form, from the description of any man who has merely cast a passing glance at the museum, a just idea of its intrinsic value. I may probably have it finished by to-morrow, and if so, I shall request you to take charge of it. Here," added the good and kind-hearted old man; "here, by the bye, is a preparation which reminds me of another visitor I had last summer, if not from England, at least from the sister island; I mean Mr. Cussac of Dublin, whom I made acquainted with the application that has been forwarded to me from London for my museum; and he seemed delighted at the prospect of having it, as he said, so much nearer to him." I looked at the preparation in question, which was a specimen of fracture of the neck of the thigh-bone, half an inch within the insertion of the capsular ligament, perfectly soldered together by fair bony matter, or, in other words, cured. Soemmerring had not only shown this to Mr. Cussac, whom probably my readers know as being a very eminent surgeon, but had sawed the bone through, on purpose to satisfy him of the undoubted fact of a regular union, by solid bony structure, having taken place. This, by the way, is a triumph for Mr. Earle. There are some exceedingly curious skulls in the museum, one in particular, having a most singular pyramidal shape, that belonged to the Duchess of Lerma, who is said to have been an irresistible beauty in her time, and to have filled with her name the royal chambers of Madrid: "and now my lady Worms; chapless and knocked about the mazzard" by every irreverent doctor. "Here's fine revolution!" "Now get you to my lady's chamber, and tell her, let her paint an inch thick, to this favour she must come."—Pray, my dear Sir, I asked the Professor, still holding the skull in my hand, and pointing to the part, does not her *cerebellum* gainsay the phrenologists? else the scandalous chronicle of her life belies her fair fame, for here are no organs of amateness in it. All is flat, and the skull is pushed up into a mountain of veneration; yet the dear

lady-bird venerated none, but was venerated.—“ Ah, ah,” smiled the great physiologist in reply; “ you too, then, are at pains to laugh at that dream of anatomy. We have nearly forgotten it in these parts. It was amusingly absurd while it lasted.”

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

TABULÆ ANATOMICÆ NOVÆ.—Iconum ex Operibus præstantissimis Anatomicorum potissimum Alienigenorum, vel sumptuosissimis vel rarioribus Delectus. Fasciculus Primus et Secundus. Fol. Vimariæ, 1827-8. Latin and German descriptive Letter-press.

THE Industry Comptoir, at Weimar, having published Loder's Anatomical and Rosenmuller's Anatomico-Chirurgical Plates, and being desirous of putting the purchasers of these works in possession of all that has since appeared on the subject of anatomy, have undertaken the present series of plates. The first and second fasciculi contain eight plates each, with descriptive letter-press. They are copied from various authors: we find plates of the brain and spinal marrow from Gall; of the muscles, ligaments, &c. from Cloquet; of the teeth from Delabarre; of the veins from Breschet; of the eye from Home and Bauer; of the spinal marrow from Rolando. We have seen better specimens of lithography, and the impressions are taken off in ink which is somewhat pale—at least our copy is so; but at the price of 4s. 6d. per fasciculus, at which they are published, they are cheap. The gentlemen of the Industry Comptoir ought to state how many fasciculi they intend to give, as no one likes to subscribe without knowing the proposed extent of the work. The plan of the work is good; and it has often struck us as extraordinary that none of our establishments in the *Row* should have undertaken one of a similar description in this country, seeing what wretched productions are puffed and sold for anatomical plates amongst us. A good set of lithographic plates of anatomy, and more especially of surgical anatomy, taken from the best foreign authors, would unquestionably pay.

Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity. By G. M. BURROWS, M.D. Member of the Royal College of Physicians of London, &c. &c.

(Continued from page 471.)

COMMENTARY VI.

Puerperal Insanity.—Dr. Burrows regards what are commonly called puerperal mania and senile delirium as conditions of derangement in which the characters are so mixed as to render it doubtful whether they ought to be considered as delirium or mania. He objects to the appellations above-mentioned, and applies to both the general name of *insanity*.

Our author remarks, that from the circumstances under which puerperal insanity becomes developed, it is seldom that the advice of a physician familiar with mental disorders is sought for till the disease is of some standing. In this respect he has had the advantage over most others, having practised midwifery “ rather extensively” in the early part of his career.

Delirium sometimes comes on immediately after a natural labour, and these attacks occasionally are cut short by purging and opiates; but in other instances they gradually pass into genuine insanity. It is more frequent, however, to find the delirium coming on about the third or fourth day, apparently connected with the lacteal secretions. Lastly, it may occur about the end of a fortnight, when it seems to be connected with the cessation of the lochial discharge.

“ Puerperal delirium consequent on labour is sometimes predicated, though not absolutely developed, during gestation. If while pregnant there attend frequent hysteric affections, preternatural susceptibility, unaccountable exuberance or depression of spirits, morbid aptitude to exaggerate every trivial occurrence and attach to it great importance, suspicion, irritability, or febrile excitation, or, what is still more indicative, a soporous state, with a very quick pulse,—then the supervention of delirium on labour may be dreaded.

“ The puerperal state is well known to be one of extreme susceptibility; and though there be nothing else remarkable except that the woman has recently borne a child and is a nurse, com-

mon sense carefully guards her while she is in that condition against all the incidents to which at any other time she may be exposed with impunity.

“The delirium which immediately succeeds delivery resembles pure insanity more closely than that which supervenes on the milk fever; for the skin is usually quite cool, and both the physical and mental symptoms often correspond with the high state of mania. In this case the secretion of milk has not begun; and the lochia are commonly scanty.

“The period when the delirium appears is of great importance to mark; for many, without observing any difference, conceive that every attack of puerperal delirium proceeds from milk fever, and boldly prognosticate a speedy termination of it. How can delirium which is developed before, during, or immediately after, labour, originate in the process of lactation?

“I have remarked, that when the mental derangement precedes the lacteal process, and partakes strongly of the character of maniacal delirium, that it is apt to persist a long time. When it succeeds the lacteal secretion, which is almost always accompanied by fever, it more resembles pure delirium, and is of shorter duration.

“Whenever it degenerates into melancholia, partial fatuity generally attends, and the case is usually obstinate and difficult of cure. It may be noted also, that when the delirium is of a gay character, and the patient sings, laughs, talks wildly, and is a little mischievous, it rarely lasts long; but when accompanied by great suspicion, apprehension of poison, and sullenness, it will not soon depart.”

“At first the delirium is commonly that of mania. Occasionally, however, there is a mere childish disposition for harmless mischief, and the patient is gay and joyous, laughing, singing, very loquacious, often inclined to talk obscenely, and careless of every thing around. Even in this state of delirium she very often evinces a suspicion of poison being instilled into every thing offered; or, perhaps, she imagines it is only in particular things. Sometimes she conceals this suspicion, and then avoids what is offered, upon any trivial pretext, or will spill it, as if by accident; but it will be found, upon questioning, that the real motive is an ap-

prehension of something deleterious being infused. She can recognize every thing, and can, though perhaps will not, answer direct questions: however, when spoken sharply to, it for a moment recalls her wandering ideas. There is generally some fancied thing about which she would be busy.

“Sometimes, though rarely in the incipient stage, there is much depression of spirits, with great obstinacy, and all the symptoms of true melancholia. This is also often a consequence of ill health from suckling too long, joined to domestic trouble. Now and then the symptoms approach the character of fatuity; but in such case there is generally much original delicacy of constitution, or it has succeeded depletory remedies injudiciously pursued. I have never seen an instance where fatuity has been a natural and immediate consequence of lying-in, though it may be the sequel of protracted insanity originating in that condition.”

“I have met with several cases of puerperal delirium, which, both in the physical and mental symptoms, strikingly resemble those of low fever, except that pyrexia is absent. As I do not remember this form being distinguished from puerperal mania generally, I shall more particularly notice it. It may be compared to the low species of delirium sketched by Dr. James Sims, before referred to (p. 306), though not as a concomitant of the puerperal state.

“In every instance, this variety has come on before the 14th day from delivery: it is preceded by pervigilium; the ideas are at first rapid and confused; images like those of dreams appear, and the delirium is soon confirmed by these illusions being considered as realities, and the speech and actions corresponding with those impressions. The muscular powers are rarely violently exerted, though the patient frequently attempts getting out of bed without any fixed object; on the contrary, she generally lies supine; the countenance is rather vacant, the eyes are half closed, or fixed on vacuity, and when roused follow some imaginary object; the tunica conjunctiva is often highly injected, and the pupils very little sensible to light; the head is hot, skin soft and relaxed, and partial sweating about the throat and neck. She continually mutters incoherently; loses consciousness, except when suddenly and strongly

urged; if spoken to, answers shortly, and perhaps rationally, but lapses directly into the former state of indifference; the pulse is quick and uncertain; bowels generally easily moved; lochia and secretion of milk suspended.

“About the fourth or fifth day the debility is greater; there is more coma; pulse is quicker, smaller, and more unequal, with slight subsultus; picking at surrounding objects or bed-clothes; averse from food or drink; insensible of evacuations; the tongue throughout presents nearly a natural appearance, though sometimes tremulous when protruded. It is usually fatal by the seventh or eighth day; and if the patient survives, chronic insanity commonly supervenes, and melancholia oftener than mania.”

The pathology of puerperal insanity is involved in obscurity; that there is some reciprocal influence between the brain and uterus is very obvious, as mental emotions will sometimes interrupt labour; while the state of impregnation will occasionally produce violent cerebral affections. We have known most violent convulsions supervene at the period of quickening, several successive times; but while we acknowledge this sympathy to exist, it evidently leaves us as much in the dark as before—it is substituting a verbal for a real explanation.

There are very different opinions with regard to the rate of mortality in this disease. Dr. Hunter used to state in his lectures, that “in the twenty or thirty cases he had seen in the course of his practice, all had recovered.” Our author, however, looks upon this as an inaccurate statement, and has himself recorded ten deaths in fifty-seven cases, which, however, he holds to be above the average *natural* mortality.

The following are our author's views with regard to the treatment of this disease:—

“When called to a case of this nature which has occurred within the month following lying-in, I cannot too forcibly impress the remembrance, that the puerperal patient is already reduced by parturition and its consequences; and that the process of lactation itself produces fever and considerable irritation, both of which will ordinarily subside in a few days, if the bowels be opened, and the milk have a natural vent, or be duly carried off, when, from accident,

suckling is impracticable. Let it be remembered, too, that the delirium connected with the lacteal process is not idiopathic, but symptomatic of febrile excitation, or a sympathetic affection of the brain with the uterus.

“With such views of the condition of the patient and the nature of the malady, I think it will be conceded, that depleting and reducing is not the proper course to restore the equilibrium of those functions on which health and a sane mind depend.

“With pain I must acknowledge that I have too often found, when called to a case of puerperal insanity, that the sins of commission in the treatment of it have been infinitely greater than those of omission; for in most of them, depletory measures have been pushed to an unreasonable extent; so that the issue was already perhaps determined before I was consulted, and no alternative left but death or long-continued insanity. And to this cause, I fear, must be ascribed a larger proportion of mortality consequent on puerperal insanity, than would result if a more cautious system of practice were adopted.

“When insanity is consequent on a state of gestation itself, a strong predisposition may be suspected. In this case the return of sanity is rare before delivery, and the therapeutic art is seldom of any avail. Sometimes, however, the development of mental aberration during this period has been found to arise from adventitious causes. For instance, when any cutaneous eruption, which in some is periodical, has not appeared, or has suddenly retroceded; or when leucorrhœa, or any accustomed artificial discharge from setons, issues, &c., has stopped during pregnancy, and insanity has supervened, the cause may be suspected to originate in such circumstances; and those means ought to be used which are most likely to reproduce them. Whenever mental aberration, however slight, or signs of it, have been manifested during pregnancy, every kind of stimulus should be avoided, the bowels should be kept soluble, and moderate venesection, especially towards the end of that period, be practised; and during parturition the greatest precautions should be taken to preserve the patient free from irritation or alarm.”

“Whenever the insanity is fully developed, the first duty is to secure the

safety of the patient by preventing her doing injury to herself or others. No step is so effectual to attain this end as to place her under the management of an attendant experienced in mental disorders, who, being alive to every delirious manœuvre, will take due precautions against it.

“Free evacuation of the bowels is the next necessary measure. The delirium has sometimes ceased in a few hours after its access, simply from the purging off an immense quantity of unnatural fæces.

“The bowels should be regularly but not violently purged by a dose of calomel, and the common purging mixture of salts and infusion of senna. The alvine evacuations are often black and tenacious, and very offensive; and so long as they continue so, regarding always the strength of the patient, purging is indicated. If purging weakens, the intestines must be emptied by means of clysters.

“When the delirium is of a more determinate character, other measures must be resorted to.

“If there be vascular excitement and determination to the head, which is commonly the case, with a preternatural heat of the scalp, redness of the eyes, pain, or throbbing in the head, (which, however, is not always complained of,) and want of sleep,—the head should be immediately shaved, and blood be abstracted by cupping in preference, or by leeches, on the occiput, vertex, temples, or behind the ears, according to the part wherever the uneasiness is felt. The quantity drawn should be regulated by the natural constitution and habits of the patient, and which, if not already known, should be as accurately ascertained as possible. The symptoms of excitement are commonly relieved by the loss of blood, but are apt to recur; when, if the patient be not weakened, the cupping or leeching, and moderate purging, may be repeated, and, with the same caution, so often as there may be occasion.

“If the heat or pain be not removed from the head by the abstraction of blood, evaporating and refrigerating lotions should be applied all over the shaven head.

“The pulse, as well as the muscular movements, in this and in all other species of mental affection, as I have before remarked, is commonly referred to as

the index of the strength of the patient. They are both equally fallacious signs, and must never be trusted in these more than in any other cases of insanity.

“The pulse, indeed, in puerperal insanity, rarely justifies general blood-letting or great depletion. The only case where it is, perhaps, admissible, is where the system is very plethoric, and convulsion or apoplexy is threatened. In those cases where the delirium is coincident with the fever attending the first secretion of the milk, the pulse is quick and sometimes feels full; but this condition of it must be viewed as a temporary one, which will subside in a few days, even though the delirium perseveres. Blood-letting in this case would only produce subsequent exhaustion, and exasperate the delirium.”

It is common to find the feet cold when the head is hot; under such circumstances the circulation is to be equalised as much as possible by baths. If the secretion of milk be interrupted, means must be taken to restore it. In suppression of the lochia, cupping on the sacrum has been found of service.

Opium is looked upon by our author as a very useful remedy when properly applied, but as one which is very apt to be abused. He particularly specifies the necessity of emptying the vessels of the head in the first place, whenever these are at all congested. The “best soporific,” however, he thinks is the application of cold to the head after the vessels are relieved, and the bowels opened.

In blisters he has little faith, except they be applied to a distant part, as the thighs or legs. Sinapisms to the feet will answer better, where a local stimulant, without discharge, is required; and in these cases the mustard poultices ought to be removed as soon as they excite pain, and be again applied after a time.

Dr. Burrows urges very strongly the necessity of some nutriment being “got down” in puerperal insanity, as sudden exhaustion is otherwise very apt to supervene. When the cerebral excitation has subsided, mild tonics, air, and exercise, and the shower bath, are recommended.

COMMENTARY VII.

Senile Insanity.—The account of *Senile Insanity* is very brief, and we

think the best idea of it will be communicated by the citation of the following cases :—

“ A gentleman of a noble family had, during the course of a long life, experienced many singular reverses of fortune. He was a man of fashion of the old school, and of high honour and character, but had long resided in dignified retirement upon a very ample fortune.

“ His constitution was hale, though he had many years suffered from dysuria. He possessed naturally strong feelings and passions; but, even to the ninetieth year of his age, enjoyed in a remarkable degree every faculty, and especially a clear understanding.

“ Suddenly he became more violent and imperious in his conduct and conversation, purchased many ridiculous things, especially those which would gratify a taste for good eating; he grew fond of wine and spirits, and now took much more than his usual quantum. He gave orders for the increase of his establishment and the purchase of estates, &c., and in every thing evinced an altered and profuse disposition. At length the least contradiction or gentlest remonstrance threw him into ungovernable fits of passion, and he threatened violence to all who opposed him. He also entertained many absurd delusions.

“ At this juncture I first saw him. I immediately placed him under the guidance of a careful and judicious attendant.

“ It was remarkable that the natural standard of this gentleman's pulse had never, in the vigour of his life, exceeded fifty. It now beat the same, and was full and strong. He had for some time felt a dull pain and weight in his head; it was now hot, his face was flushed, the conjunctiva much injected, and the eyes sparkling, the tongue whitish and rather parched, and he was very restless at night; the bowels were obstinately constipated.

“ Such gentle means were used to remove cerebral excitation and regulate his bowels as his great age pointed out to be suitable. In a short time he improved in his bodily health from this plan, but none of his propensities and delusions varied; yet he could command himself very well during my visits; and as he possessed a senile memory, that is, a perfect recollection of

far-gone events, though not of recent, he would then relate, in a very delightful way, anecdotes of the most distinguished characters of the past century with whom he had associated.

“ In about three months the powers of his constitution gradually declined, and when the hot weather set in he sunk, the delirium continuing to the last.

“ The other case was that of a gentleman of fortune, aged eighty-four, of great accomplishments and high estimation, and possessing every worldly happiness.

“ He suddenly displayed an extraordinary and erroneous view of his own affairs, and all the relations of life. He fancied that his pecuniary circumstances were dreadfully deranged; that he had not the means of subsistence; that he was an object of his children's and grand-children's abhorrence, though he lived affectionately regarded in the bosom of his family.

“ I saw him at this period. No hereditary predisposition existed. There was little corporeal derangement, except some slight gastric affection, his digestion being lately somewhat impaired, and the action of his bowels rather irregular. I prescribed such remedies as might improve the power of the digestive organs, and such means as were calculated to soothe and amuse him, but especially recommended that the patient's conduct should be carefully watched, lest, entertaining such desponding and wretched ideas, he should attempt his own life. As he was not violent, the family would not be persuaded to place him under the supervision of a proper attendant.

“ Three days afterwards, in going to his chamber, the staircase-window being open, he precipitated himself into the area, and was killed on the spot!”

The treatment must be merely palliative; but our author does not see why much benefit may not occasionally be derived from removing inordinate action without reducing the strength, and from regulating the natural functions.

[To be continued.]

MEDICAL GAZETTE.

Saturday, September 20, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

CAMBRIDGE GRADUATES AND THE COLLEGE OF PHYSICIANS.

OUR readers will find in our 36th Number an account of the examination at Cambridge for the degree of M.B. in June last, and also some remarks on the graduates of that University, as connected with the fellowship of the College of Physicians. In the present Number will be found a letter in answer, signed “Themison,” and which refers to both of the above subjects.

To the series of questions constituting the examination, and published under the signature of “Verax,” we appended an inquiry, whether “the questions must be answered in order to obtain the degree?” This is declared by “Themison” to have been “unnecessary and uncharitable;” and he adds, that “Verax has done well in obviating, by his reply, any misconstruction which might otherwise have applied to his silence.”

Now the facts are these:—We knew that it had been positively asserted by a Cambridge graduate that it was not necessary to answer the questions “in order to obtain the degree;” and this circumstance undoubtedly warranted our putting the question to “Verax,” that if our informant was incorrect, his statement (which we had heard in a quarter altogether unconnected with this Journal) might be contradicted. The question, therefore, even for the interests of Cambridge, was not “unnecessary;” and when we add that we ourselves privately explained to “Verax” the circumstance above-mentioned, and urged him to set

the matter right by a public reply*, we think “Themison” will acknowledge that our motives were not “uncharitable.”

But the letter of “Themison” is intended more particularly as an answer to some observations upon the facility with which medical degrees may be obtained at Cambridge, as calculated to injure the credit of the College of Physicians, so long as English degrees are allowed to furnish an absolute title to the fellowship.

“Themison” denies that the facility exists, and refers us, in refutation of our rash assertion, to authorities from which we may learn that the tests of *professional* knowledge to which candidates for medical degrees at Cambridge are required to submit, are ample and sufficient.

All this we readily admit—yet are our observations, nevertheless, valid and true. They contained no disparagement of the *medical* examinations—no imputation upon the *Professor of Physic*—not the remotest hint that the course of *medical* studies pursued at Cambridge was not the very best that can be imagined; but they referred altogether to what an English University is supposed to teach and to require, exclusive of mere professional education. The undue facility was expressly pointed out to consist in the scanty residence and the slender conformity with University studies and discipline, with which a man may (if he likes) become a Cambridge doctor of physic.

The London College of Physicians gives a preference to English graduates, not on account of the advantages which either University offers to students of medicine. Edinburgh and Glasgow, and many foreign Universities, may perhaps offer equal opportunities and encouragement with Cambridge herself

* We refer to the letter of Verax in No. 39, not to that in No. 40, which is in answer to a letter signed Justus, and published in a different Journal.

to pursuits purely professional. But the graduates of Edinburgh and Glasgow, and of foreign Universities, are not admitted to the Fellowship. It must then be for something else that the College shews favour to English graduates, otherwise the preference is unjust.

If the question were merely concerning *medical* education, we should say that a close attendance at a large London hospital for six years, and in the meantime a devotion of the whole mind to all the objects which there present themselves, would make a better physician than all the lectures, discipline, and examinations, of all the Universities put together. And it cannot be denied that the College would provide well for the public if it entirely dispensed with the intervention of Universities in the formation of a physician, and licensed all as physicians who brought certificates of a six years' attendance upon some large hospital, and gave testimony, after a rigid examination, that they had employed that period well.

But the College would not thus provide well for physic itself as an honourable profession: it would dissolve the link which connects and retains it in common estimation and credit with the other professions called learned, and would then lower it in the eyes of the world. Therefore the College has done right in requiring degrees in all whom it licenses as physicians, and in shewing a preference for those of English Universities, because mankind believe (and the opinion of the world is a great deal in this matter) that they include more of what education gives to a man of personal character and respectability.

For our own part we essentially value what Oxford and Cambridge can teach as preparatory discipline to the study of physic; but at the same time we are persuaded that they benefit physic more by teaching other things than physic

itself; and the less they attempt to teach of it the better.

Here, again, we disclaim all intention of disparaging their professors or their lectures, but they cannot form physicians without the materials of medical knowledge—large hospitals, and abundance and variety of disease.

The more a man intended for a physician resides in the Universities before the age of 20 or 21, for the sake of the studies held in esteem there, the better; and afterwards, the less he resides the better. As soon as he has learnt his Humanities the Universities would do a service to physic by encouraging him to depart and study his profession elsewhere. We would have Oxford and Cambridge take physic under their special protection no further than this—namely, that they should make their examinations for medical degrees as strict a test of medical knowledge as possible, but leave the knowledge itself to be had where it can best be obtained. The metropolis of every country is its best school of physic.

What, then, we complain of is this: that there are motives of policy for men to begin a residence (such as it is) in Cambridge, at between 30 and 40 years of age, with no purpose whatever of learning those things which the University can and does teach to perfection, but ostensibly to learn physic, which the University cannot teach.

“Themison,” at the close of his letter, calls upon us “to state plainly the names of those medical term-trotters” to whom we had alluded; but we shall do nothing which can hurt the feelings of individuals. The common credit of our profession called upon us to notice a defect in the title of some who claim to rank in its highest order, and we wished to do so, as much as possible, without offence.

We certainly do know tradesmen, and refugees from other professions, and

graduates from other Universities, who have passed a formal scanty residence at Cambridge for the sake of a degree which would gain them admission into the Fellowship of the College, but surely we are not required to name them. We may respect them as individuals, and yet think that in one act at least they have done a very silly thing. We may look upon them as good physicians, and yet decline to stretch our courtesy so far as to hold them entitled to the credit (be it what it may) of an English University education.

ACTION AGAINST A MEDICAL PRACTITIONER.

IN our remarks upon the trial *Rolfe v. Stanley*, we pointed out the injurious consequences which were likely to ensue from the verdict which had then been returned, and from the ridiculous comments, as well as the unanswered and unanswerable falsehoods, published in the *Lancet* on that occasion*. Whether influenced by the precedent thus afforded, or encouraged by the general disposition of juries to take the part of the layman against the *doctor*, we cannot say; but the action, a short account of which we subjoin, is a very strong illustration of the unpleasant predicament in which the medical man is liable to be occasionally placed, as well as of the mortifying fact that there is no case of this nature in which some may not be found to bear witness against the skill and character of a brother practitioner. That there was no blame attaching to the medical attendant was clearly established, and the jury, who appear to have been a set of clear-headed honest men, were not in this instance *humbugged* by the representations of the plaintiff's counsel, but gave their verdict at once for the defendant. We

must add, that we trust this case will be a lesson to the young gentleman who performed the operation not to be in such a hurry to throw blame on those who have preceded him.

The action was brought by a Lieut. Luttrell, of the Navy, against Dr. Davies, of Bristol, "to recover compensation, in damages, for the injury which the plaintiff had sustained in consequence of the negligent and improper treatment which he had received from the defendant, whilst attended by him in his capacity as a surgeon."

It appeared that Lieut. Luttrell had been affected with inflammation of the chest, for which he was attended by the defendant. Bleeding was required, and Dr. Davies sent his apprentice, Mr. Grace, to perform the operation. This gentleman is represented by the counsel for the prosecution as having performed his business in such a manner that the arm became swollen and inflamed in consequence, the patient delirious, and the limb stiff and contracted.

It appeared in evidence that "the bandage was made extremely tight, and the arm, above and below the bandage, was quite black; that Mr. Luttrell complained of the pain; that Mr. Grace declined loosening the bandage, but that the servant did so when he was gone; that the patient was again bled next day by Mr. Grace, and his complaints were thereby much relieved."

Various unprofessional witnesses proved the blackness of the arm, &c. &c. after which, Mr. King, of Clifton, was called, who stated that "there was a vein in that arm well adapted in size and situation for bleeding, but that vein had not been the one chosen for the purpose by Mr. Grace. The vein in which the bleeding had taken place was more difficult to be opened with safety, and required greater care in the treatment, than the vein which had not been opened, but which might have been. The

* "Removed the bandages on the 5th day, and exercised the joint on several successive days." See account of the trial as given in the *Lancet*.

vein which had been opened lay over an artery, and it was therefore necessary to make the puncture with great care. Upon the tendon, immediately above the scar, there was a callosity. The usual effect of touching the tendon with a lancet is inflammation of the tendon, which produces extreme pain. *If due care and skill had been exhibited by the operator, the bleeding might have been effected without any inflammation of the tendon, or other injurious or painful consequence.* The vein that had been opened was the median basilic vein. The arm was contracted in consequence of the callosity of the tendon. The median cephalic is the vein which should have been opened," &c.

Mr. John Swayne, a surgeon, gave evidence nearly to the same effect, concluding with the words—"Judging from the appearance of the arm, I am of opinion that the injury which it had suffered was the consequence of a puncture of the tendon." This gentleman, on being cross-examined, admitted that the arm is not entirely useless, as represented, but "may be much improved by gentle muscular exercise."

This closed the evidence for the prosecution, and the first witness called on the other side was Mr. Grace, the gentleman who bled the plaintiff. The reason he stated for having chosen the basilic vein was because it was larger and more accessible than the others; and with regard to the bandage, he says, "Mrs. Luttrell observed that when her husband had on former occasions been bled, his arm frequently burst out, and she requested me to take care that such should not be the case at that time: the plaintiff did not contradict what his wife said. In consequence of her observations I bound the bandage a little tighter, but not more so than was requisite for the safety of the arm."

The arm becoming inflamed, Mr. Alfred Bleeke was called in, about ten days

after the operation had been performed, and this gentleman stated in evidence, that when he first saw the patient there was very extensive inflammation, and that this arose from the bleeding; but he very liberally and candidly added, "I know no symptoms by which I can ascertain when the fascia is inflamed. The inflammation of one or several nerves would not produce the appearances which I saw. The inflammation of the integuments and cellular membrane would have produced the appearances which I saw, *and this may have happened without any negligence in the medical attendant. I have frequently observed such appearances where every thing has been correctly done.*" And again: "I saw no reason to think, in this case, that the operation had not been skilfully and properly performed."

The Jury did not trouble the Judge to sum up, but at once found a verdict for the defendant.

It appears that the defendant was formerly a surgeon, but now practises as a physician; and Mr. Justice Park was of opinion that he ought to have been non-suited on the ground of a *misdescription* of the defendant in the declaration.

A PHYSICIAN ACCUSED OF BEING CRAZY.

DR. JOHN GORDON SMITH, "*Professor of Medical Jurisprudence in the University of London! Lecturer on State Medicine at the Royal Institution of Great Britain,*" and we perceive by the newspapers, also Lecturer on something or other to the Mechanics of the same country*, &c. &c. &c., has lately distinguished himself by a series of interesting and valuable letters in the *Lancet*, on the subject of the College of Physicians and Dr. Harrison. The object of these letters appears to be, *inter alia*, to prove that all the world,

* See an account in the Morning Herald of a Lecture delivered at the Mechanics' Institution, by Dr. G. Smith.

except Dr. Smith, are mistaken in their estimate of Dr. Harrison, "*who does not possess a single idea or feeling which is not a great honour to human nature.*" All this, and apparently much more besides, Dr. Smith is prepared to substantiate by documents enough to "form a considerable pamphlet." But whether the public are ever to know the momentous contents of these papers or not, depends, we presume, upon their good behaviour. Let "the medical profession look to me for further explanation of this matter," says the doctor:—and again, speaking of the document which is asserted to contain Dr. Harrison's justification, "*what it contains I shall reveal or not, according to circumstances!*" Nothing, certainly, can be more reasonable, or proper, than that the medical profession should abandon their own judgment entirely, and take Dr. Gordon Smith's opinion: true that opinion is not supported by a shadow of evidence,—but what of that? The public know nothing more than that Dr. Harrison dared the College to interfere with him or with his practice; that he published boasting letters in the newspapers; that he professed himself the champion of all "independent" physicians; and that, after all this fanfaronade, he sneaked out of court by declaring that he practised as a surgeon, not as a physician—thereby virtually acknowledging that if he had been a physician the College would have had a right "to interfere with him." All this, to ordinary comprehensions, appears to be the conduct of a mere braggadocio, and we suspect that many people still are blind enough to view it in this light, notwithstanding the special pleading of the medical jurist. Nay, it would appear that Dr. Smith's lucubrations on this occasion have excited suspicions of a different nature.

"In meantime (says Dr. Gordon Smith *) I beg to inform the gentleman who told Mr. Bacot, in the public street, that the author of the communication which appeared in your 256th No. must be CRAZY, that as soon as I can get his *proper designation* he will hear something from my attorney on the subject of slander and defamation."—That any one should have expressed such an opinion after reading the letters alluded to is wonderful, and we think the Doctor quite right

to proceed against him; at the same time we earnestly advise him to be sure that he gets the "proper designation"—if he should prosecute him as a *physician* and the defendant turn out to be a *surgeon* (as in the case of his friend Dr. Harrison), the mistake would be fatal.

DR. GAIRDNER.

THIS gentleman has been in the habit, for some years, of making a professional visit to Spa during the summer. We extract from the *Sun* the following account of a very serious occurrence which has happened to him:—

"We learn, from Spa, that an attempt has lately been made to assassinate Dr. Gairdner, of Bolton-Street, who, late in the evening, when passing through the street, was felled by some miscreant by a blow from behind. On coming to himself he with difficulty reached home, when it was discovered he had received a cut through the collar of his coat from some sharp instrument; the thickness of the collar having probably preserved his life." We understand that, by the last accounts, he was considered out of danger.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Injury of Abdomen.

A GIRL, aged 12, August 16th received a severe contusion of the abdomen, from the wheel of a heavy cart passing over it, opposite to the umbilicus. She vomited immediately, and when brought to the hospital she was pale, the extremities were cold, and there was an appearance of ecchymosis for a few inches around the umbilicus. She then rallied, and symptoms of inflammation presently shewed themselves in pain and tenderness of the abdomen, with a recurrence of the vomiting and a small and sharp pulse. A small dose of castor oil and an injection were administered, and twelve leeches applied. She had a stool immediately before the accident.

17th.—Pulse small and quick; continued to vomit whenever any thing was swallowed; great thirst; no stool since the accident; pain and tenderness as before. Another injection.

V. S. ad 3vi. Fomentations to abdomen.

* Lancet, No. 236, page 767.

18th.—Pulse 130, small and sharp; great thirst; vomited a green matter whenever she drank; tongue had a white fur, with prominent red papillæ; great pain of abdomen, increased by a deep inspiration, with tenderness, chiefly confined to a few inches around umbilicus; no tumefaction of abdomen, and little tension; skin pale and dry. She was bled to ℥viiij. which caused the pulse to become softer and fuller.

Mr. Green ordered that no more purgative medicine should be given, and that, as drinking increased the vomiting, the lips only should be wetted.

19th.—Considerably less pain; less tenderness on pressure; pulse more quiet; one natural motion without medicine; much less vomiting.

20th.—Better in every respect; vomiting had ceased.

22d.—Yesterday ate a quantity of fruit; in consequence vomiting and inflammatory symptoms returned.

Hirudines, xij.

23d.—Better.

25th.—No pain, and very little tenderness, remaining.

This case shews the inutility of irritating the intestines by purgatives when they are supposed to be injured, and the safety with which the restoration of that part of their healthy functions may be left to nature, while the inflammatory symptoms are subdued by bleeding and fomentations.

General Concussion from a Fall, followed by slight Tetanus.

A healthy young man, a labourer, while at work, August 18th, fell from a height of 35 feet into the river, and struck against a sunken pile. He fell feet foremost.

When brought to the hospital he was very cold, and in a state of great collapse, from the conjoint effects of the blow and the sudden immersion in cold water. In less than an hour he recovered his natural temperature and due degree of vitality, and then began to feel most agonizing pain, shooting from about the umbilicus to the left shoulder. The pain appeared to be in the abdominal and thoracic muscles, which were in a state of extreme contraction, producing a feeling of boardy hardness. This contraction was increased at intervals, and the patient then could not refrain from crying out from pain. There was a contused wound of the left eye-

brow. This was at 12 A.M. He was bled to ℥xviiij. The abdomen and thorax were fomented, and some purgative administered.

9 P.M.—The spasmodic contractions of the muscles have ceased. There was still great pain of left side of chest and left shoulder.

19th.—Great pain through cardiac region to shoulder. Pain on pressure of lower cartilages of ribs on left side. Pulse hard and quick; bowels well opened.

20th.—Better, but still the same pains. Leeches to the left side.

Was so much better on the 23d as to leave the hospital.

Is it not probable that the spasm of the abdominal and thoracic muscles was occasioned by slight concussion of the spinal cord?

Cases of Chorea S. Viti.

CASE I.—Stephen Judge, a healthy-looking boy, æt. 9, was admitted June 12th, 1828, under Dr. Scott. Had laboured under St. Vitus's dance two years, and been under medical care in the country during that period. The right side had been always affected. In walking he appeared to drag his right leg after him, and he could not hold his right hand out steadily. Complained of great pain in head on same side. Bowels open; tongue clean.

Ord. Pulv. Scammon. c. Hyd. gr. xij. alt. noctibus. Milk diet.

June 18th.—Zinci Sulph. gr. j. 6tis horis.

June 24th.—A little better.

Ord. gr. ij. 6tis horis.

July 1st. Gr. iij. 6tis.

July 7th. Gr. iv. 6tis.

July 11th.—Upon a close examination, he appeared to have a greater command over the muscles of his arm, being able to hold any thing in his hand more steadily than before. Pain in head on right side continued.

July 22d.—Since last report no apparent improvement, and he was ordered by Dr. Elliotson, in the absence of Dr. Scott, to omit the purgative powders and sulphate of zinc, and to take Ferri subcarb. ℥ij. t. d. This he continued to take, and gradually improved until the 31st, when he was presented well.

CASE II.—Richard Bond, a stout lad, æt. 13, was admitted on the same day, under Dr. Scott, having been ill two

weeks. The right side was only affected, but there was an almost constant action of all the muscles on that side. In walking he dragged his leg after him, and could not hold his arm out with any degree of steadiness. No pain in head; bowels open.

Ord. Pulv. Scammon. c. Hyd. gr. xij. alt. auror. Milk diet.

June 20th.—No improvement.

June 24th.—Ord. Zinci Sulph. gr. i. 6tis horis. July 1st. gr. ij. 6tis horis. July 7th. gr. iij. 6tis horis.

July 12th.—Evidently better.

July 19th, gr. iv. 6tis horis.
July 22d, gr. v. 6tis horis.

He was still improving, the fits only coming on at intervals. He held his hand out much more steadily, and walked better.

Aug. 5th, gr. vj. 6tis horis. Aug. 8th, gr. vij. 6tis horis. Aug. 12th, gr. viij. 6tis horis. Aug. 15th, gr. ix. 6tis horis.

While the medicine was thus increased he gradually recovered, and on the 19th seemed to have the full command of all his muscles, and was therefore presented, but ordered to be made an out patient, that he might continue his medicine a short time longer.

CASE III.—*Chorea c. Aphonia.*

Wm. Barton, æt. 10, a lad of light complexion, was admitted July 3, 1828, under Dr. Scott. The complaint had been gradually coming on for five weeks, until it had arrived at its present height. He was now totally unable to walk, and the fits were at times so violent that it required him to be held forcibly in bed. The voice was totally gone. No pain in head; pulse quick.

Pulv. Scammon. c. Hyd. gr. xij. alt. auror. Milk diet.

July 12th.—No better. He could not stand at all, and his stools passed from him involuntarily. Occasional vomiting. No pain in abdomen on pressing it. Pulse 84; tongue slightly furred.

Ord. by Dr. Elliotson, who officiated for Dr. Scott, Ferri Subcarb. 3ij. t. d.

July 16th.—Much better. He could say yes and no, but with difficulty, and the fits were not so violent.

July 22d.—Still took the same quan-

tity of medicine. He could call the nurse and feed himself, and knew also when his stool passed.

July 31st.—Can speak pretty well, but still rather inarticulately. He could not stand yet. Bowels open; tongue clean.

August 6th.—He still continued to improve, and on August 11th he got out of bed for the first time.

Ordered on the 8th, 3iiss. of the Ferr. Subcarb. t. d.

Aug. 13th.—Walked very well, but with dragging of the left leg. Talked very plainly.

Aug. 22d, ord. 3iij. t. d. Aug. 26th, ord. 3iij. 6tis horis.

He was much improved, having only occasional twitchings of the muscles of his hands; he could do every thing for himself, and could hold any thing in his hands without letting it drop, and talk as well as ever he could. He said this day, that he had frequently before this attack been accustomed to have vertigo and pain in his head.

ST. GEORGE'S HOSPITAL.

Abscess in the Lungs and Liver after Compound Fractures.

SINCE the publication of Mr. Rose's paper in the Medico-Chirurgical Transactions, the attention of the Medical public has been awakened to the occasional, we might almost say frequent, occurrence of abscesses in the liver and the lungs, after serious injuries and surgical operations. So little at present is accurately known of the causes, the cure, or indeed the diagnosis of this singular and generally fatal affection, that any contribution to the list of authenticated cases may not be entirely devoid of interest, or even of importance.

CASE I.—*Compound Fracture of the right Leg—Sero-purulent Effusion in the Chest—Tubercular Depositions in the Liver and Lungs.*

An athletic man, æt. 37, was admitted into the hospital on the 23d of June, under the care of Mr. Keate, with compound fracture of both bones of the right leg, a little below their centre. The injury was received in falling from a cart, when a sack of coals was thrown

upon the limb. The external wound was small, but a good deal of effusion had taken place underneath the integument. The acromio-clavicular articulation was injured, but whether it was fractured or displaced could not be exactly ascertained. The wound was dressed with lint and adhesive straps, the leg placed in junks, and spirit lotion applied both to it and the shoulder.

Haustus Anodynus. Haustus Sennæ.

The patient went on well till the 26th, when he suffered from thirst, and was otherwise feverish. Infusion of roses was prescribed, with dilute sulphuric acid, and sulphate of magnesia.

On the 30th, eight days posterior to the infliction of the injury, a rigor appeared, with nausea, head-ache, and pain in the leg. The pulse was rather full, and 100 in its beat; the tongue white and coated.

Ol. Ricini ℥ss. Rep. Mist. ut ante. Liq. Op. Sed. gtt. xx. Mist. Camph. ℥iss. nocte sumend.

Whether owing to the medicine we shall not pretend to say, but certainly the patient was better on the 27th. The rigor had not re-appeared, the pain in the leg had subsided, the pulse was sunk to 90, tongue clean, bowels open. Matter began to form around the fracture, and all was so fair that the limb, on the 4th of July, was placed in Mr. Amesbury's apparatus. The calm, however, was but transient, the amendment delusive. On the evening of the 9th (the 17th day) the patient complained of some head-ache; and the morning of the 10th was ushered in by a rigor, succeeded by heat and general disturbance. Again the tongue was white; pulse 80, and full; bowels open; leg easy.

Syr. Papav. 3j. Mist. Camph. ℥iss. ter die.

The rigor returned in the course of the night, and again in the morning of the 11th, attended with sickness, slight head-ache, quick pulse. The leg was not painful, but a spicula of bone protruded as the dressing was removed.

Sod. Carb. ʒj. Mag. Carb. gr. vi. Pulv. Rhei gr. ij. Tinc. Opii ℥v. Mist. Camph. ℥iss. 6tâ quâque horâ. Cataplasma panis cruri.

The rigors were experienced once or twice in the day, and a very unfavoura-

ble symptom was added—tenderness in the epigastrium and right hypochondrium. He vomited food and medicine alike; the tongue had become brown; the pulse was rather fluttering, and 120. Under these circumstances, an ounce of compound æther mixture was ordered directly, and a slight alteration adopted in the draught. He had two attacks of shivering in the night of the 11th, notwithstanding which the symptoms were improved next day. The tenderness of the epigastrium was diminished; he retained food and medicine on the stomach; the tongue was somewhat cleaner; the pulse was 100, and firmer. The medicines were repeated, but delirium succeeded in the night, and the next morning found him in a very bad state. He was constantly dosing, though sensible when roused; vomited almost every thing he took; pulse 125, and irregular; discharge from leg less, but without any apparent collection of matter.

Quin. Sulph. gr. ij. Acid. Sulph. Dil. ℥iv. Conf. Arom. ʒss. Mist. Camph. 3x. M. ft. haust. 6tâ quâque hor. sum. Cataplasma lini. Beef-tea.

In the evening the symptoms were not at all relieved, whilst the tenderness on pressure of the abdomen was extreme. He was ordered æther mixture, and forty drops of laudanum, which produced a quiet night, and a slight amelioration of the symptoms next morning. The beef-tea and quinine were continued, but the patient, on the 15th, was worse than before. Delirium and vomiting had again set in; the bowels were confined; the pulse 120, small and weak. Leeches were placed on the abdomen, and three grains of the submuriate of mercury given immediately.

On the 16th rubefacients were applied to the epigastrium, and afterwards a blister; but the sickness and pain in that region persisted, the pulse became weaker and weaker, the discharge from the wound was very scant, and death closed the scene on the evening of the 17th.

Sectio Cadaveris.—On opening the head, there was noticed some opacity of the tunica arachnoides, especially at the basis of the brain, accompanied with slight depositions of lymph. The plexus choroides presented a singular appearance, being converted into a tubercular mass, of a gland-like appearance.

The chest and abdomen presented the principal marks of the disease. The pleura on the right side was intensely inflamed, and serum and pus were collected in its cavity. On the left side the membrane was also inflamed, and serum and lymph, but no pus, were discovered. In the substance of the lungs, more especially the left, were tubercular masses of mixed lymph and pus, numerous and varying in size. In the liver were the same sort of tubercles, exceedingly numerous, and seated for the most part immediately beneath the peritoneum investing the viscus. The intestines were sound, with the exception of the colon, the mucous membrane of which, near the valve, was injected and inflamed.

CASE II.—Simple Fracture converted into Compound—Purulent depôts in the Liver and the Lungs.

James Evans, æt. 35, was admitted on the 16th of July, under the care of Mr. Keate.

Eight days before his admission he was thrown to the ground by a timber-carriage, the wheel of which passed over his right leg, bruising the skin in a trifling degree, and breaking both bones a little below their centre. The accident happening at Maidenhead, he was taken immediately to a public-house, where the careless attendants, in carrying him up stairs, converted the simple fracture into a compound one. He came up to town in his skiff, and on his entrance into the hospital two wounds were observed—one an inch long, situated on the anterior aspect of the leg, and in direct communication with the fracture; the other more posterior. He was feverish, and complained of want of sleep; the tongue was white and dry; and the pulse about 100, and full.

The leg was put in a junk, and the following prescription ordered:—

Hyd. Submur. gr. v. Pulv. Ant. gr. iv. statim.

Mag. Sulph. ʒiss. Liq. Ant. Tart. ℥xx. Mist. Camph. Aq. Distill. aa. ʒvi. 6tis horis.

In the course of a few days the inflammatory appearance of the leg had subsided, the discharge was pretty copious, tongue cleaner, pulse softer, bowels open.

On the 27th he complained of more

pain in the leg, the pulse was somewhat fuller, discharge not so free.

On the 28th, about 3 P. M. he was seized with a very severe rigor indeed, and vomited during its continuance. There was no pain of chest, no dyspnoea, no cough; he took in a full inspiration with ease; the abdomen was not at all tender on pressure, but some tenderness, we hear, was felt in the region of the bladder; the countenance was anxious; the pulse quick, but weak. The rigor continued some time, and was followed by heat of the surface and sweating.

Hyd. Sub. gr. v. et post horas duas fl. Ol. Ricini ʒss Rep. Mist.

29th.—Has had three distinct rigors in the course of the morning, and is very ill at present. The pulse is quick and thrilling; the tongue glazed and brown in the centre, but red at the edges and tip; the countenance expressive of intense anxiety, and bathed in a cold perspiration, which hangs in large drops upon the brow; the nausea exceedingly distressing. On asking him to draw in a full inspiration, he does so with very little difficulty, although the expansion of the chest is imperfect. There is some little pain on pressure of the abdomen, particularly of the right hypochondrium; but none in the hypogastrium whatever. The wound looks pretty healthy, but its secretion is deficient in quantity.

The 30th found the patient no better; indeed, on the whole, rather worse. He was seized with a very long rigor that morning; the pulse was more feeble, the tongue more furred, and now there was decidedly pain on inspiration, though without any cough or distressing dyspnoea.

Hyd. c. cretâ, grs. iij. Pulv. Jacob. ver. grs. ij. ter die. Haust. Salin. Efferves. c. Tinct. Op. ℥v. 6tis. horis. Emp. Canth. Hypochond. dext.

On the 31st he was better, but the countenance continued anxious, the tongue was deeply furred, the thirst almost insatiable, the pulse very rapid, the surface hot. That night he was delirious, and never afterwards regained his perfect sensibility. The matter, on the first of August, appeared to be collecting at the outer part of the leg, and the bowels being costive, he was ordered half a drop of the oil of croton tiglium, made into a pill with crumb

of bread. On the 2d the bowels had been opened by the pill; the tongue was rather cleaner, the pulse had more firmness. The discharge from the leg had, however, diminished, and consisted of only a thin brown fluid, of horrible fœtor.

Rep. Pulv. ter die. Hyd. sub. grs. ij. statim. Mag. Sulph. 3j. Aq. Menth. Vir. Ziss. 6tis horis. Emp. Canth. lateri.

On the 3d he appeared somewhat better, but the bowels were purged, and a very unfavourable symptom had appeared—a symptom we have always observed to be fatal—we allude to a peculiar and bilious tint of skin. Besides the former medicines, his strength was now supported by arrow-root, wine, and beef-tea. On the 4th he was worse, and apparently moribund. The pulse was fluttering, the breathing laborious, the secretion much vitiated and nearly arrested, the countenance almost hippocratic. The limb was removed from the junks by Mr. Keate, and placed in the fracture-box of Assalini, a change which produced, after a time, some relief. Sulphate of quinine, with dilute sulphuric acid, was now ordered, but the symptoms progressively got worse and worse, and at three in the afternoon of the 6th the patient expired.

Scctio Cadaveris.—On opening the thorax, about half a pint of purulent effusion was found to have taken place in the left cavity of the pleura. Innumerable depositions of lymph and pus had been formed in the liver and the lungs, but otherwise the viscera were healthy. The bones of the leg had been fractured obliquely, and exhibited no traces whatever of re-union. No pus remained about the ends of bone.

This concludes our account of two very interesting cases occurring at the same hospital, under the care of the same surgeon, and within rather less than a month of each other. We could give the details of some more of a similar kind, but the present will be amply sufficient to shew that this singular affection of the liver and lungs is not a mere matter of idle curiosity, but a frequent as well as a fatal disease. In each of the cases rigors preceded the aggravated symptoms, and a question arises as to whether they depend on the actual development of the purulent depôts, or merely on such a condition of the system as leads to or causes their formation. The question is important, be-

cause, if the latter is found to be the case, the chance of success from the efforts of art must be evidently greater than where the depositions are actually established. In both of the cases the nature of the disease was not only suspected from the first, but even very confidently predicted by Mr. Keate. This certainty of diagnosis was unfortunately unavailing in conferring corresponding success in the treatment. We cannot conceive a more humiliating spectacle to any one who prides himself on the powers of his art, than being compelled to stand by and watch the progress of a malady like this—a malady which he just possesses tact enough to *know*, and not the least power to *cure*. So however it is, that all of the plans which have been hitherto employed, depletory or stimulant, have totally failed.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

COMPLETE RETENTION OF THE FÆCES FOR MORE THAN SIX MONTHS.

MADemoiselle J. B. aged 24 years, of small stature, and very delicate, could not pass the meconium at her birth. She was at that time examined by a midwife, who doubtless discovered a contraction in the rectum, as she introduced immediately a suppository made of soap. Whether the destruction of the obstacle was incomplete, or whether it had become partly cicatrized, the young patient did not cease to suffer during her infancy great difficulty on going to stool. Different remedies were used with little effect. However, when menstruation became established, the fæcal discharge took its natural course. Mademoiselle B. enjoyed for two years a state of health better than she had ever experienced; she continued to improve, and got fat; but at the moment that she imagined her complaint to be overcome, her sufferings were renewed: a considerable tumefaction of the abdomen took place; the most prominent part was to the left of the umbilicus; this was also the seat of the most acute pain, which extended to the epigastrium. She was prevented by a sense of modesty from undergoing an examination, and Dr. Thume, of St. Paul Trois Chateaux, conceived that there existed a contraction of the large intestine, above the reach of the finger; he contented himself with

recommending a vegetable diet, hip-baths, and purgative and clysters; and the menses being suppressed, leeches were applied to the pudenda. But all these means, though at first affording some relief, soon became useless. It was then thought proper to combat the constipation that had now lasted six months by an ounce of castor oil; but scarcely had it been swallowed when violent colics, vomiting, and hiccup, came on, and after eight days of great suffering the patient died. On opening the body, the abdomen was found to be hard and enormously swollen. An incision being made in the linea alba, it was hardly commenced when the integuments gave way, accompanied with an explosion. The intestines, no longer contained by the abdominal parietes, burst, and gave issue to fæcal matter, that was projected with considerable force. The liver adhered to the arch of the colon; the stomach and small intestines were completely empty, and their blood-vessels injected; the large intestines were enormously distended, and inclosed from 30 to 40 pounds of a matter resembling dry mud; the rectum was inflamed and thickened, and its cavity was interrupted, about three inches above the anus, by a kind of transverse fold, pierced in the centre by an orifice, into which the end of the little finger could scarcely be introduced. —*Nouvelle Bib. Medicale.*

HYDROPHOBIA.

M. Girard, of Alfort, communicated lately to the Royal Academy of Medicine some facts relative to the above complaint. Two dogs bitten by a rabid animal were brought to the school at Alfort: the quarantine was observed only for 43 days instead of 66, which are prescribed by the regulations. Both were seized with hydrophobia; but one two days before the other—that is, one on the sixtieth, the other on the sixty-second day. Experience has shewn to M. Girard that the disease more usually appears after than before the 60th day. Having in one instance bled the animal in the jugular vein, horrible convulsions ensued. Having applied the saliva of these rabid dogs upon the backs of two sheep, in a spot where the wool had been cut off and where excoriations had been made, this inoculation was successful. M. Chomel asked if at Alfort it had been remarked that the invasion of the disease was more rapid where the ani-

mals were young? M. Girard said no. —*Archives Générales, Juillet.*

EXAMPLES OF LONGEVITY.

Professor Miglietta, of Naples, a few years ago made some calculations with regard to the number of persons attaining the age of a century in that city, and on the relative proportion between the sexes. The population is estimated at 500,000, and the following are the results:—

	Centenaries.	Men.	Women.
1814 . . .	17 . . .	4 . .	13
1815 . . .	15 . . .	8 . .	7
1816 . . .	26 . . .	8 . .	18
1817 . . .	7 . . .	2 . .	5
1818 . . .	15 . . .	5 . .	10
1819 . . .	13 . . .	5 . .	8
1820 . . .	12 . . .	3 . .	9
1821 . . .	17 . . .	7 . .	10
1822 . . .	17 . . .	6 . .	11

WOUND OF THE PERONEAL—LIGATURE OF THE FEMORAL ARTERY.

In our 38th Number we detailed the case of a young man who had received a wound of the peroneal artery, in consequence of which a false aneurism formed, but which had disappeared under the use of compression and refrigerants. The imprudence of the patient in having recourse to exercise too soon, brought back the pulsation, and it was, at length, deemed necessary to have recourse to the operation. The femoral artery was tied on the inside of the thigh, near the middle. The pulsation in the tumor ceased, and the wound healed by the first intention.

LITERARY ANNOUNCEMENTS.

Dr. Shirley Palmer has in the press a work entitled “Popular Illustrations of Medicine and Diet. Part I. Of the Principal Exciting Causes of Diseases and Death.” It will form a thin octavo volume, and is expected to appear in November.

In the press—An Essay, explanatory of a Method whereby Cancerous Ulceration may be stopped by the Formation of Crusts and Granulating Margins; together with many Practical Remarks on other Analogous Diseases and Diseased States consequent to, and attendant upon, Cancerous Ulceration. By Wm. Farr, Surgeon to the Cancer Institution, Charlotte Street, Bloomsbury; Author of a Treatise on Scrofula, &c. &c.

BOOK RECEIVED FOR REVIEW.

Quain's Elements of Descriptive and Practical Anatomy.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 43.] SATURDAY, SEPTEMBER 27, 1828. [Vol. II.

SELECTIONS
FROM
LECTURES ON THE PRACTICE OF
PHYSIC.

BY W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

[Continued from page 454.]

LESIONS OF THE BOWELS.

THE state of the bowels is the next important point for our consideration. We must recollect distinctly that having passed through the premonitory and congestive stages, the patient, we suppose, has arrived at that period of the disease in which the effusions and condensations which we have just been describing occur in some parts of the body; and also in which considerable lesions are inflicted on others. In the former period (I mean the congestive) lasting about ten days on an average, we supposed that the sanguineous accumulations were in a state of activity, but that they had not led to any alteration of structure; now, however, all our apprehensions must be awakened on this latter head.

This, perhaps, is the portion of fever which it is most difficult to describe clearly; in fact, the only mode of having a distinct notion of the symptoms is to refer them as closely as possible to the pathology of the disease. At the time, then, when the period of active congestion in the bowels terminates in the present state of intestinal lesion, those symptoms which characterised the active condition of the loaded vessels must be changed into others (if I may so speak) of a passive character; for

this, in fact, is the actual change which has now taken place in the vessels of the part affected: for if a patient dies just at the commencement of this stage of the disease, instead of finding the capillary vessels of the mucous membrane of the bowels still distinct, although over-charged with blood of an arterial colour, we shall now observe, on bringing into view the mucous membrane of the small intestines, that it is either universally of a dark red colour, with very little distinctness of blood vessels, or else that it is spotted throughout with patches of this kind, as if the vessels were broken down as it were, and had thrown out their contents in these spots, under the surface of the membrane: it is, in fact, a state very much akin to ecchymosis.

If the patient has survived the commencement of this state, and dies a day or two later in the disease, we shall find these spots of venous suffusion interspersed with sloughs and sloughy ulcerations, and much of the mucous membrane smeared with venous blood, which has either oozed from the loaded vessels or escaped from the spots of ulceration. It may be observed, that the small intestines are the chief seat of this affection. The mesenteric glands are, under these circumstances, found larger and more vascular than natural.

Now let us stop to ascertain the symptoms which accompany these changes.

In the first place, the knowledge of the continuance of the symptoms of the previous state of the disease (that is, the state of active congestion or sanguineous accumulation in the bowels for many days), would of itself place us on our

guard with respect to farther mischief in the parts so affected.

When this mischief commences, the strength of the patient suffers a sudden and material diminution; if the bowels have been well opened before, the integuments either become flabby and loose, instead of simply subsiding to their natural size and becoming soft; or else there is some degree of tension observable in them. If they have not been freely evacuated, they will be full and hard. The griping will also be very troublesome to the patient, and his stools will contain blood in different quantities: sometimes they will consist entirely of blood. The blood discharged in this stage of the disease is venous blood, which is passed partly in a fluid state, and partly in coagula or clots.

In slighter cases the motions will be dark-coloured, offensive, and liquid, containing, floating in them, small masses of coagulated mucus, looking much like morsels of tallow. This is merely the superabundant secretion of mucus from the congested membrane, which coagulates and passes off in this form. If it should not be carried off it would, as we shall hereafter see, play an important part in the production of the ulterior injuries inflicted by this disease. These masses are often called undigested food, but this is not so: I have seen them when no solid food and no coagulable matter has been taken into the stomach.

The pulse, under these circumstances, fails in strength, and often towards the latter stages of the disease increases in frequency. The skin is often covered with profuse perspirations, particularly after slight flushings, which occur generally towards the evening. The tongue remains in the same furred state as before, but having a covering of a darker colour. The stomach is also very apt to be in a most irritable state under these circumstances, often vomiting the ingesta, and occasionally ejecting green bilious fluid.

These symptoms, when they appear, will sufficiently point out the state in which the bowels would be found if the patient were now destroyed by the disease—viz. a diffused dark redness, mixed with spots of the same, with ulcerations of a sloughy character.

But it often happens that the accumulation of blood or active congestion, which occupies that which we have

called the congestive state of fever, subsides, especially after proper treatment.

If this be the case, is the patient always safe from mischief? I am sorry to say that sometimes, even if we have gained this degree of advantage over the complaint, and in all cases where we have not gained this advantage, there is still another danger which awaits him, and that often of the most serious character.

The fact is, that during the congestive stage of fever some injury appears to be inflicted on the mucous follicles of the villous coat of the intestines, particularly where these follicles are most distinct and most numerous—I mean in the ileum and the cæcum, near the ileo-colic valve. What may be the true reason of the disease attacking these follicles or glands during this stage of fever it is not, perhaps, very easy to say. My own opinion is, that in consequence of the unusual quantity of blood with which the vessels of the mucous membrane are supplied during the determinative or congestive period of the disease, these glands may be induced to secrete more mucus than can readily escape from their respective ducts, so that it is locked up in the gland, where it accumulates, and is consolidated by coagulation; for the appearance of the bowel shows these glands, particularly in the ileum, but often also in the jejunum, and beyond the valve of the colon, in the great intestine itself, enlarged and loaded with a thick indurated mucus. In a still more advanced stage of this local injury, these glands so loaded are found, both where they stand separately and where they are collected into patches, exciting ulceration in the surrounding membrane; an ulceration, however, of a very different character from that which we before described as following immediately the congestive state of the mucous membrane.

If the patient dies at the commencement of this process, the interior of the bowels is found in the following state:—The mucous membrane of the parts affected is observed to be elevated by a number of points or patches, according as the solitary or the congregated glands are affected, looking as if tubercles were formed under it or in it. In a more advanced stage, these tubercles seem to have destroyed entirely the mucous

membrane about them in some parts, which are now ulcerated; in other parts the tubercles or little tumors still remain, and perhaps in some portions also of the bowels you will find the mucous membrane partly destroyed, with some of these enlarged glands still sticking in the ulcers: occasionally even the muscular coat of the bowels is destroyed also. Of the cases in which penetration even of the peritoneal coat occurs, in consequence of the extension of the ulcerative process, we shall speak by-and-by. The mesenteric glands now, besides being enlarged, are often found charged with the same caseous matter with which the follicles are filled; and the absorbent vessels leading from the ulcerated spots to the glands are observed to contain the same coagulated secretion. This latter affection, however, is obviously secondary, although some French pathologists consider it to be important. And it is remarkable that this state of the ulceration of the bowels, if the patient's death is retarded for a week or so, is found unattended with any congestion or phlogosed appearance in the rest of the bowels—I mean that only the ulcerated spots are diseased, the congestion which caused them having disappeared.

[The Lecturer here exhibited an injected preparation illustrating this point.]

I say that my opinion is, that the enlargement of these little glands arises from the circumstance of their having been over-supplied with blood during the height of the fever, and thus, from the superabundant material afforded them, secreting more mucus than can easily escape through their ducts. Now a curious illustration of this opinion is to be found in the appearances after death in persons who have suffered from dysentery. The pathology of dysentery is not unlike the pathology of the congestive stage of fever—that is, the disease consists of a strong determination of blood to the villous coat of the bowels. Now let us see what happens to persons dying of an obstinate dysentery. Sir George Baker, in his *Essay on Dysentery*, relates a dissection of a case which he attended, made by Mr. Hewson: he says that, on accurate examination, the surface of the villous membrane of the intestines was found covered with an immense number of tubercles; but that the villous coat

and the cellular coat were so confused and thickened at the part by inflammation, that those who were present could not decide whether the seat of the tubercles was in the former or in the latter*.

Now it is singular to observe that, if Sir George Baker or Mr. Hewson had taken the trouble to refer to Morgagni, they would have found this incertitude of theirs, with respect to the seat of this tuberculation, entirely removed.

Morgagni observes, that in these cases of ulceration of the bowels (*in corporibus diuturniori dysenteria mortuorum*)—in those who die of inveterate dysentery,—that these mucous glands seemed to be the seeds or nuclei of the ulcers; for he says he found in these instances that the Peyerian glands were wanting in those parts of the membrane in which ulcerations existed. Hence, he adds, it is to be presumed that the ulceration commenced in the glands which had now entirely disappeared†.

[Dr. C. here exhibited a preparation illustrating this point.]

Now I think we may fairly say, that as we have traced the diseased enlargement of these glands in one disease to previous sanguineous congestion in the mucous coat of the bowels, that in another disease, if we find that the same affection occurs in these glands or follicles, that the same cause has produced the same effect—that is, that the glandular ulceration is a remote consequence of that accumulation of blood which, in more intense cases, produces at an earlier period that ecchymosed state of the interior of the bowel which is often also accompanied with sloughing of portions of the mucous membrane itself.

These, then, are the two kinds of ulceration of the bowels which it is important we should distinctly understand—first, immediate sloughing ulceration; and secondly, at a later period, if the patient survives, the tuberculous ulce-

* “Inquisitione autem diligentius factâ membranæ villosæ superficiem ingenti tuberculorum numero obsessam vidit; tunica vero villosa et cellularis adeò inter se confusæ fuerant, adeòque densatæ vi inflammationis, ut utrum tubercula quæ modo descripsimus ex hac ortum duxerint, vel illi potius concreverint, adstantibus omnino incertum esset.”—Baker on Dysentery.

† “In his enim (corporibus) deerant prorsus Peyerii plexus glandulosi, quorum sedes singulas, singula ulcuscula occupare videbantur. Unde credibile erit initia erosionum in iisdem glandularum plexibus qui tandem omnino consumpti essent, extitisse.”—Morgagni.

rations which may occur even if the original congestion is entirely removed.

It is obvious, also, that under certain unfavourable circumstances we may find a combination of the two varieties of ulceration; for we may suppose that the first congestion, which we have seen leads to sloughing ulcerations of the bowels, may not have been removed before the infarcted and enlarged mucous glands have excited the second variety of erosion in their neighbourhood.

A question fairly arises here, which should be answered—I mean the reason of the occurrence of these ulcerations of both kinds chiefly about the ileum and cæcum. I should say that, as to the sloughy ulceration, it depends on the greater accumulation of blood in that than in any other part of the intestinal mucous membrane: the cause of this excessive congestion in this part of the canal is not understood; it depends, however, probably, on some derangement primarily in the nerves of that part by the exciting cause of the fever. The other, or tuberculous ulceration, may be accounted for also in the same manner, by recollecting that it also depends on the sanguineous congestion in the same parts; and that, besides, the mucous glands being larger and more numerous about the ileo-colic valve on both sides of it than in other parts of the tube, when they become loaded with their own coagulated mucus, they excite very readily the destructive process all round them.

We have already described the symptoms attending the first variety of ulceration—I mean the simple congestive ulceration—as consisting of a general prostration of power evinced in the muscular debility of the patient; in the weakness of his pulse; the profuse perspirations to which he is subject, accompanied as they are by vomiting often of bilious matter, and the discharge of stools charged with venous blood.

It now remains to enumerate the *symptoms* which characterize the tuberculous, or follicular, or glandular ulceration (for it has had all these names) of the bowels, which are in every respect different from the former, and must not for a moment be confounded with it. It is true that this variety of ulceration, in some instances of severe fever, will occur at the end of ten days

or a week, or even less time, from the beginning of the febrile symptoms; [a preparation was here shewn, exhibiting a large tuberculous ulcer of the cæcum in a patient who had not been ill ten days, and other cases of a similar destruction of the mucous membrane of the bowels were mentioned, in which the process was complete in seven and in four days] and under these circumstances the symptoms of this kind of ulceration are so mixed up with the early features of fever that they cannot be well distinguished from them; but then the distinction itself is of less importance, because the urgent and early symptoms of fever must be then attended to, as this is the best mode, as we shall see, of preventing or arresting the progress of this destructive process. But in a very large majority of cases the symptoms of this variety of ulceration do not occur till the ordinary symptoms of the determinative or congestive stage of fever have subsided, or have yielded to medical treatment. Hence it is that we often find that the patient is in many respects in a state of convalescence before it commences; that is, his pulse will be soft, though probably frequent; but frequency is in itself not of any consequence, as we all know, after an attack of fever. His skin will be generally cool; his tongue will have gradually lost its fur; his bowels will act freely, and his urine will be pretty natural. His appetite even will return. But if we look at him carefully, we shall say these circumstances are certainly very favourable, but there is an irritation and discomfort about the man's expression of countenance and gestures which are not satisfactory. This induces us probably to watch the patient carefully, and perhaps when we see him again next day we shall find that, although the general symptoms are not worse than before, he has gained no strength. Perhaps also we shall hear that he has vomited his food, and has not slept, or else that once or twice in 24 hours he has had a flushing, followed by profuse perspiration. On examining his stools we shall find them either slimy and streaked with blood, or else, what is much more common, you will observe that his motions are frequent, watery, nearly of the colour of turmeric paper, and most offensive; in some few instances large quantities of dark-

coloured blood is discharged by stool, in consequence of the erosion of some larger vessel in the progress of the ulceration. On examining his urine, also, especially in the morning, we shall often observe the pink sediment of hectic fever, or of organic disease. The tongue, although clean, is often preternaturally red, and occasionally spotted with aphthæ. In a day or two more we shall, on pressing his abdomen, find that some tenderness is complained of, particularly towards the right iliac region. This tenderness, however, is not always present, and is, I believe, only a consequence of the peritoneum covering the ulcerated portions of bowel becoming irritated, and perhaps somewhat inflamed, by the contiguity of the disease.

You will not always find every one of these symptoms present under these circumstances. If, however, you observe that a patient, when apparently convalescent, evidently lingers in his progress towards recovery, and on careful inspection you observe some of the above marks of irritation about him, it is necessary not only to guard your prognosis of the disease, but also to be prompt in applying those remedies which are calculated soon to repair this most perilous state of the intestinal canal.

That this state is reparable is completely proved by various cases on record, in which the cicatrices of ulcers have been found in individuals who have accidentally died of other complaints,—after severe attacks of fever.

[A preparation was here exhibited of the ileum and cæcum of a patient who died, many weeks after fever, of sloughing in the back and hepatization of the lungs. The mucous membrane exhibited ulcers in every stage of their progress towards healing: some were completely cicatrized.]

We will now carry on the disease a step farther. Both these varieties of ulceration are apt to penetrate through all the coats of the intestines, and almost immediately destroy life. The sloughing variety of ulceration occurs early in the disease, and when it penetrates the bowels entirely the apertures are large, and almost immediately fatal. In fact, the sloughing process, when extensive, is in itself, even without absolute penetration, dangerous to life, from its effects on the mucous system.

But the other variety of ulceration,

although generally at a later period, much more commonly terminates by penetrating through the muscular and peritoneal coats, and thus also proves fatal to the life of the patient. A preparation was here shewn in which this process had taken place; lamina after lamina appeared to have been destroyed by ulceration, the interior ulcer being considerably larger than the aperture made through the peritoneum.

As soon as the penetration is complete, of course the contents of the bowels escape into the bag of the peritoneum, and excite violent inflammation of the whole membrane.

[Dr. C. here related a case, which he had recently attended, of a gentleman who was attacked on a Wednesday evening with fever and violent delirium. Penetration of the bowels took place on Friday, of which he died on Saturday. On Sunday the body was examined, and the bowels found perforated by an ulcer of the tuberculous or follicular kind, and the peritoneum smeared with fibrine and feculent matter.]

All these changes, as they are characterized by particular symptoms and lead to particular lesions, I have now, I think, fully described. I shall now, therefore, proceed to enumerate a few other symptoms, which belong rather to the exhaustion caused by the disease than to pathological alterations in particular organs. In the meantime I should wish it to be recollected that these effusions into the brain and the serous cavities of the chest; these sloughings of the larynx and pharynx; these condensations of the lungs; these indurations of the liver and spleen; and these ulcerations of the bowels—occur in the second fortnight (generally speaking) of continued fevers.

It is towards the end of this second period that large vesicles, or blebs, occasionally appear on different parts of the body, which break, and often leave a troublesome, although superficial, ulceration of the skin underneath. These blebs, although a sign of the severity of the disease, and perhaps of some degree of failure of the strength of the patient, otherwise indicate nothing particular with respect to the nature or result of the fever.

Another common occurrence in this portion of the fever is, the formation of glandular abscesses, which sometimes suppurate, and at others are absorbed,

as the fever subsides, without coming to complete maturity. In other cases, the abscesses which form are common phlegmonous abscesses in various parts of the body.

In others, the parotid glands (one or both) enlarge, and either suppurate or else gradually subside in a few weeks; from which it is obvious that our ancestors were often unnecessarily alarmed on the score of plague, when they considered that buboes and parotides, occurring in fever, characterised plague. Now, however, it is well known that these accidents will occur in fevers, attended with no particular malignancy to justify such alarms; and it is therefore held that a fever, with these swellings, is not necessarily contagious, but that, if it is contagious, it is the plague; for the plague is contagious. This is the manner, however unsatisfactory, in which the proposition is generally stated.

In the worst cases, petechiæ (especially in close situations, and in confined rooms) appear in various parts of the body; the gums, also, and tongue, and, in some instances, all the mucous membranes, discharge blood; so that almost all the secretions are mixed with it, whether they be from the mouth, the kidneys, or the bowels.

At this latter period also, in cases which are likely to terminate fatally, all the symptoms of debility which we have already mentioned become, in the course of another week, exceedingly aggravated.

Now the emaciation is extreme, and the parts pressed on by the bed become inflamed, and often sloughy; the mental powers are all extinguished; the sight of the eyes is so far depraved as to induce the patient to pick at the bed-clothes as if he were catching flies. This obviously arises from some small portions of the retina having absolutely lost their visual power; and therefore the only impression conveyed to the brain from those spots is that of total darkness and blackness. The corneæ appear dull and thick; the countenance pale and muddy, with an occasional flush on the cheeks; the mouth is almost closed with sordes, and a difficulty of swallowing arises from debility. The mucus from the lungs materially impedes respiration, by accumulating in the trachea and fauces, and produces the sound which is called "the rattles"

by the vulgar, and considered by them, very justly under these circumstances, as the precursor of death. The heart's action becomes daily more irregular and feeble; the abdomen is gradually elevated and distended by flatus, and becomes tympanitic. This state has been called *meteorismus*, from a Greek word meaning "vapour." The motions and urine pass involuntarily, and aggravate the soreness and inflammation of the back. Petechiæ, if they have not appeared before now, are very apt to shew themselves: an incontrollable and most distressing hiccup sometimes also occurs. These symptoms are generally followed by more or less subsultus tendinum, (from slight spasmodic action of the muscles, which are, under these circumstances, supplied with nervous energy, as it were, by starts,) and in a short time afterwards death, probably, releases the unfortunate patient from his sufferings.

I have, for the sake of conveniently stating the symptoms and pathology of continued fever, described it as passing through its various stages in about four or five weeks. The first ten days, or fortnight, I have supposed to be occupied by the establishment of the various congestions or irregular distributions of blood which constitute the essence of the disease, and which I have supposed, in the course of the second ten days or fortnight, to produce, or to be accompanied by, the effusions and lesions of structure which often render the disease incontrollable after they are established, and always increase materially the length of the disease itself, and the difficulty of bringing it, by any medical treatment, to a favourable conclusion. I have supposed, lastly, that in those cases which have survived the earlier assaults of the disease, and yet cannot resist the effects of the structural injuries of which we have just been speaking, that about another week brings the disease to its fatal determination.

But although I have done this for the advantage of easier description, yet I wish it to be distinctly understood that all continued fevers are very far from observing the same periods in their commencement, progress, or termination; for the times in which the several changes of function and structure are effected in the course of the disease in question are as infinitely varied as

the intensity of the symptoms which evince their existence.

You have, I trust, understood that a person may die from the severity of some one or another of the various disturbances which we have described at any period of the disease, from the first to the last day of the time which we have supposed may be occupied by its progress. In the commencement of the disease, from the direct poisonous effects of the exciting cause on the brain and nervous system, in which case there will be little morbid appearance found on examination after death; in the next stage of the disease, from the accumulations of blood, of which we have said so much, destroying the powers of vital organs altogether; and later still, from the effusions and condensations which now take place, or from the deadly effect of extensive ulcerations on the nervous system; and in a few days from sloughings of the bowels, or perforation by ulceration through the muscular coat and peritoneum. But independently of these causes of an early destruction of the patient, I wish to impress on your minds that the whole series of symptoms which I have occupied so much of your time in describing may go through their several stages, in some cases, in a much less time than I have mentioned, and may occupy a much longer period in others. I have myself seen the stages of sanguineous accumulation, ulceration, and subsequent prostration, completed, as I have before said, in four or five days; and I have also seen the disease prolonged to the end of six weeks or more from its commencement.

CRITICAL DAYS.

We must not omit to notice here the opinion held by the ancient physicians, and not yet entirely abandoned by some practitioners and writers of the present age, respecting *Critical days*; that is, days on which fevers were supposed to be more likely to terminate than on others. Now although, as I have just now said, the belief in these crises on specified days is not entirely obsolete, yet I think I may assert with confidence that it has been for the most part abandoned by the intelligent and well-informed part of the profession. It occasionally happens that we hear, even from individuals of whom we should

expect better things, a continued fever called a one-and-twenty day fever: this is certainly a vestige of the creed to which I have just alluded, and in my humble opinion stands on ground equally untenable with the doctrine of critical days generally, inasmuch as it is totally inconsistent with sound pathological views of the disease in question, and its effects on the human constitution. Of the precise nature of the source of fever we know little; of this, however, we are quite certain, namely, that its primary effect on the system is to disturb the equable distribution of nervous energy, and thus immediately to interfere with the steady and uniform distribution of blood. This, then, is all we know of the primary effects of the disease, and these primary effects, it is very probable, would be themselves but of short duration; in fact, we know they are so when the disturbances just mentioned are of moderate severity; but the ulterior effects of these accumulations of blood, consequent on the unequal and partial action, if I may so speak, of the nervous system, are so various in their extent and intensity—on which qualities it is evident must depend the time which is occupied in the destruction of the patient on the one hand, or the reparation of the injuries themselves on the other—that it is impossible to conceive that any specific periods can be fixed on for the completion, whether favourable or unfavourable, of the morbid process, even supposing we could ascertain, which we cannot do accurately, the moment of the commencement of the fever. These considerations, I confess, are in themselves sufficient to induce me to reject altogether this notion of critical days as utterly useless in a practical point of view. If, however, they are not conclusive, I have little doubt that a short account of the doctrine itself, drawn from the writings of those who were rigid believers in the system, will clearly shew to what little purpose it can be employed.

It appears that Hippocrates fixed on the following days as critical; namely, the third, fifth, seventh, ninth, eleventh, fourteenth, seventeenth, twenty-first, twenty-seventh, thirty-first, thirty-fourth, (Hipp. aph. 36, sect. iv.) Dr. Cullen, whose notion was that continued fevers observed in some degree the types

of intermittents*, grounded his opinion of critical days upon this supposition. He fixes on the third, fifth, seventh, ninth, eleventh, fourteenth, seventeenth, twentieth.

In this list the twentieth is inserted and the twenty-first, with all the subsequent days mentioned by Hippocrates, omitted. It is somewhat extraordinary, also, that Dr. Fordyce, in his *Practice of Physic*, page 143, gives a list of critical days somewhat different from that which I have just quoted: in this he leaves out the twentieth and inserts the fourth. These then are the critical days according to the best authorities. Dr. Fordyce appears to have been aware of the difficulty I before alluded to of ascertaining the exact time from which the enumeration of days should commence. (Third dissertation, page 116.) He says, as to this matter, that the first question undoubtedly is, what is to be accounted the first day of the disease? To simplify this, as I presume, he says, that "the beginning of the fever is not to be counted from the hour of the first attack, but from the second attack, or first exacerbation, of the disease," &c. "Having thus pointed out," he adds, "from what time we are to reckon the beginning of the disease, and that crises take place in the first twelve hours of the exacerbation, it will be easy to settle the days of the disease on which crises occur."

But this is not all; for our ancestors believed that besides these real critical days there were others which they called spurious critical days. These were the intermediate days, the eighth, the tenth, the twelfth, and so on: "in which," Dr. Fordyce asserts, that "the patient has less chance than on the true critical days of the crisis being perfect, or carrying off the disease;" and, "that it is known, according to Hippocrates, whether the fever has perfect or spurious critical days by one day being an indication of another; that is, (and I presume this explanation is by Dr. Fordyce himself) if you find a strong exacerbation take place on the seventh, and also considerable relaxation between five and six o'clock in the morning; if you find a coldness take place about six o'clock in the evening, or at least considerable dryness of the skin, and very great heat, greater

foulness of the tongue, and more violent delirium on the beginning of the seventh day, viz. between five and six o'clock in the evening, and if these appearances increase very much till three or four o'clock in the morning, and then subside, and the patient is more sensible than he was the morning before; if his skin and tongue become moister, his tongue cleaner, and the secretory vessels relaxed, although no complete crises take place, you are to consider in that fever the seventh and ninth days, &c. as the true critical days, and that the patient has a better chance of recovering on these days. On the other hand, if a stronger attack and greater relaxation take place first at the beginning of the eighth day, then the disease will observe spurious critical days."

These observations will suffice on this subject: we shall proceed next to consider the *Diagnosis of Continued Fever*.

[To be continued.]

NEW METHOD OF EXTRACTING THE STONE FROM THE BLADDER.

The Quadrilateral Operation.

BY DR. VIDAL.

(Concluded from page 490.)

It is not necessary to say that ruptures that extended beyond the limits of the base of the prostate would be more directly fatal than large incisions. All the accidents that might be expected to arise from rupture of the gland were met with in a man upwards of 40 years of age, who had undergone the bilateral operation; a rent was found, which extended on one side to the bladder itself, and nevertheless an incision of at least five lines in extent had been made upon each of the inferior oblique lines of the gland, for the double lithotome of M. Dupuytren had been opened to No. 15. The stone was not particularly large, but the efforts that had been made to extract it had been considerable, and the patient died in consequence of supuration of the cellular membrane of the lower part of the pelvis, combined with peritonitis.

This, perhaps, may astonish those who believe that very large calculi may be extracted by means of the bilateral operation: but if it is only considered

* Cullen's First Lines, vol. i. p. 99.

that the double incision merely forms a kind of button-hole; that the substance of the gland is the most resisting of all the parts of the body, especially in the adult; that the calculi, with the addition of the forceps, always present a spheroidal form; they will easily conceive what difficulty a body of such a shape must meet with in passing through an opening scarcely elliptical, the margins of which being hard and inflexible can only assume an orbicular shape by tearing at the edges, especially when the angles have resisted, and the rupture in that direction does not exceed the limits of the base of the gland. When the angles have given way, and the rupture has extended to the bladder, the opening can easily take the circular form without tearing the edges of the incision; but the angles very often resist, because the gland is included in a very strong covering; then, when the efforts are redoubled, the edges tear in several directions, and, without intending it, an operation more than quadrilateral is performed. It was to these accidents that Dr. Vidal owed the first idea of the operation he proposes. In assisting at the examination of the bodies of several persons who died of the consequences of the lateral operation, and in whom the extraction of the stone had been accompanied with great effort, he observed that the neck of the bladder and the prostate was torn in a star-like shape: he has seen the same occurrence after the bilateral operation, where the subject was a child that had not reached its fifth year. Dr. Vidal does not propose any addition to the number of instruments employed in lithotomy: he is rather inclined to condemn the number already existing, and observes with Chaupier, "that the best instrument is intelligence, directed by an exact knowledge of the nature and situation of the parts." A button-pointed bistoury is sufficient to replace, in every case, all the lithotomes and all the gorgets that ever were invented. The action of the bistoury can always be appreciated, for it passes under the finger of the operator. When a person has been long exercised in incising the neck of the bladder, it is easy to understand, from the degree of resistance felt, the extent that has been given to the incision, and the operator can control it at his pleasure; but with lithotomes or gorgets we act at a dis-

tance with levers, the force of which cannot be calculated; we always perform a severe operation, because we always graduate the instruments according to the age of the patient, and according to our belief of the size of the stone, which belief is often erroneous. With the bistoury, and by following the method proposed, the number and extent of the incisions may be proportioned to the volume of the calculi, and a severe operation will only be performed when these are of a large size.

Dr. Vidal answers beforehand some objections that he is aware will be made to his proposition. It may be asked, in the first place, how the size of the calculus is to be known, so as to proportion the number and extent of the incisions to its magnitude? To this he replies, that he always, or nearly always, can touch the stone with his finger introduced into the bladder after the first incision. This first incision, which may be called the *exploratory*, and which is small, in comparison to that made in the lateral operation, is often sufficient to complete the extraction; for having recognized a calculus of small size the extraction may be made with a pair of polypus forceps. Sometimes one finger introduced into the bladder by the wound cannot detect the size of the stone; then the finger of the right hand must be passed into the rectum. It may be objected that sometimes the thickness of the perineum may prevent this mode of examination: to which the doctor replies, by demonstrating the distance between the internal surface of the bladder at the raphe, and comparing it with the length of the finger. In children it is evident that this objection cannot apply, and it is precisely in their cases that small calculi may be expected. In old men they are always of some size, and it is not difficult to encounter them when the finger has penetrated beyond the neck of the bladder; nevertheless, there are some cases in which, from excessive fat, and from a greatly enlarged condition of the prostate, this examination of the calculus is impossible; and in such cases Dr. Vidal recommends taking measure of the stone with the *exploratory sound* used in the lithontriptic operation; but even supposing this cannot be done, in consequence of disease in the urethra, then the incisions may be made in the

oblique inferior lines; and if the spreading of the forceps induces the belief that the calculus is voluminous, recourse may be had to the incisions upon the two *superior oblique* lines; and then the quadrilateral operation will be performed. That vanity should be proscribed which often leads the surgeon to perform this operation at once, without a pause; how many unhappy persons have been the victims of an operator who prefers tearing the prostate by force, rather than leaving his hold of the stone to enlarge the incision, or to form a new one!

Dr. Vidal, in performing his operation, uses only two bistouries; one with a button point, the other without. He proscribes all other instruments, even including the double lithotome of M. Dupuytren, the introduction of which into the bladder is extremely difficult, although the Baron employs it with so much dexterity. Dr. Vidal descants at some length upon the inconveniences of this instrument, and the difficulties which surgeons not much accustomed to it must necessarily meet with in employing it.

We now come to the doctor's method of performing the quadrilateral operation. For this purpose the following instruments are indispensable—a catheter, two bistouries with fixed handles, one of the common kind, with its blade a little convex, the other with a button point three inches long and four lines in breadth towards its upper extremity, and forceps of different sizes. Being provided with all the conveniences necessary for an operation of lithotomy, the patient is placed upon the table and secured in the usual manner; the existence of the calculus is ascertained, and the sound is held perpendicularly to the axis of the body. An incision is then made in the perineum, as in the bilateral operation; this incision is to be semi-circular; its middle part will be, in a child, from seven to eight lines anterior to the anus, and from ten to twelve lines in the adult. Its extremities will point towards the ischia, and its concavity will therefore be turned towards the anus. In this step of the operation the skin, the adipose membrane, the inferior aponeurosis of the perinæum, the bulbo-cavernous muscles, some fibres of the transverse muscles, and sometimes the posterior portion of the bulb of the

urethra, are divided. The assistant, who holds the sound, now inclines its handle to the right groin. The index finger of the left hand is then passed to the bottom of the wound, taking care to direct its radial edge downwards. The sound is felt through the membranous part of the urethra; the right edge of the groove is to be placed in the depression between the nail and the fleshy part of the finger; the point of the bistoury is conducted along the nail, which is turned towards the left; it is made to pass into the groove of the sound, and the membranous portion of the urethra is opened to the extent of three or four lines. This canal being opened, the sharp edge of the nail is placed in the groove of the sound, and serves as a guide to the button-pointed bistoury. The sensation arising from the contact of two metallic instruments announces that the button is situated in the groove: both instruments are at once and together raised upwards in the direction of the pubes, and in this manner the bistoury is easily carried into the bladder. This movement, which is indispensable when a lithotome is employed, could be dispensed with, for the bistoury enters the bladder readily by dividing a part of the summit of the prostate. After this has been done the handle of the bistoury is carried upwards, and to the right side, towards the groin; then its cutting edge will be directed outwards, downwards, and to the left, in the direction of the *oblique inferior left* line of the prostate; and thus the base and body of the gland is divided from within outwards. After the bistoury has been withdrawn the left index finger is passed into the bladder, to ascertain the number and size of the stones: if only one is found to exist, and it is but small, a common pair of polypus forceps are sufficient for its extraction. This is frequently the case with children; but if the calculus exceeds the size of a nut, this instrument will not be proper.

But when, by introducing the finger into the bladder, the presence of a stone of the ordinary size, such as that of a nut or chesnut, is recognized, another incision becomes necessary. To perform this the point of the index finger is directed to the *inferior right oblique* line; the button-pointed bistoury is introduced upon the finger, and is drawn out, cutting the base and the body of

the gland, in the same manner as is directed for the left incision. These two incisions must comprehend on each side the whole summit of the prostate and a considerable portion of its body, but they must not pass beyond its base. According to this plan, if the volume of the calculus exceeds what is above mentioned, the quadrilateral operation must be had recourse to: to accomplish this, after having finished the second incision, the flat part of the blade of the bistoury is applied to the end of the index finger, so that its cutting edge is hidden; then the left hand is turned as in supination, and the palmar face of the index finger is directed opposite to the *left superior oblique* line of the prostate; the cutting edge of the bistoury is turned upwards, its handle is inclined to the right tuberosity of the ischium, and in that manner the little knot formed by the base of the prostate, in the direction of the *left oblique superior line*, is divided. This incision is to be of small extent—it is only to act upon the neck of the bladder and the base of the gland; it is not to be prolonged either to its summit or upon its body, therefore the bistoury is not to be cut out of the wound; but as soon as the operator has felt the little knot give way, he will bring back the flat part of the blade upon the point of the finger; then directing the palmar surface of the finger opposite the *right superior oblique* line of the gland, he will make the fourth incision in the same way as has been explained in making the previous one. These two incisions need not be of great extent to produce a considerable dilatation.

To judge of the great advantages of the quadrilateral operation it is only necessary to perform the bilateral operation upon the dead body. When the double incision has been made, let the bladder be opened at its upper part, and a large calculus put into it. Then, whilst the surgeon tries to extract it, let an assistant examine what passes at the posterior opening: he will soon see the impossibility of getting this round body through an elliptical incision, particularly when it is increased by the blades of the forceps. Then let him make from within two small incisions on the *superior oblique* lines, and all at once the neck of the bladder will be largely dilated, and the extraction of the calculus will be made without any difficulty.

The advantages of the operation thus proposed are, according to Dr. Vidal, 1st, in only performing a severe operation in cases where the calculus is of large size; 2dly, in not hazarding the integrity of any arterial branch; 3dly, in avoiding all injury to the ejaculatory canals; 4thly, in presenting a large opening for the passage of voluminous calculi, without going beyond the limits of the base of the prostate; 5thly, in avoiding a rupture of that gland, and all those accidents which have hitherto induced surgeons to consider this as one of the most dangerous operations that can be performed*.

SUBJECTS FOR DISSECTION.

To the Editor of the London Medical Gazette.

SIR,

IN arranging some papers yesterday, I placed my hand accidentally on the copy of a Letter which I wrote to Mr. Peel, and from whom I received an immediate and flattering reply. The subject of it has been so fully and frequently discussed since then, that it may appear to contain nothing, and to offer no plan which is new; and the bias of public opinion seems to be at variance with the spirit of my proposal.

I am, nevertheless, apprehensive that the sentence of public dissection of a criminal convicted of murder has been too long in force, and conveys too great a horror to the feelings of many, especially of the lower classes of society, to be immediately supplanted by a more philosophical consideration of the practice. Those of the judges and eminent lawyers with whose opinions I have either directly or indirectly been made acquainted, have been decidedly opposed to the repeal of that part of the murderer's sentence; and one of them told me that we were giving up the only source which the law of the land fully sanctioned. However, if the general aversion to dissection can be entirely removed by the repeal in question, there can be no doubt of the advantage, by the facilities which must accrue to the study of anatomy: if not, a difference may surely be made between the process being open to the public and the rites of sepulture with-

* Condensed from "La Clinique."

held, and the dedication of the body being solely to the purposes of science, and the remains subsequently interred: and this difference I would institute between the person who murders another and him who commits the act upon himself. That the sentence on the latter may appear harsh and unfeeling, I concede—and the circumstance of its involving the higher as well as the lower classes will be sufficient to ensure its opposition. The object of the proposal is, however, twofold—it may either assist the cause of science or of virtue; and experience has proved its efficacy in diminishing the crime. Leaving the consideration to others, I merely send you the Letter, which, as you will perceive by the date, was written before the perhaps more enlightened view of the subject was taken; and should you deem it worthy a place in your Gazette, it is much at your service.

I am, Sir,
Your obedient servant,
J. C. BADELEY.

34, Half Moon Street, Sept. 13, 1828.

A LETTER TO THE RIGHT HONOURABLE
ROBERT PEEL, M. P. &c. &c. &c.

SIR,

When I reflect on the value of your time, and on the many and important subjects which daily press for your consideration and attention, it is not without hesitation that I take the liberty of addressing you on one which, at first sight, may probably appear to you of minor importance; but, as I feel confident that you will readily sanction any measure calculated to promote science, or tending, however remotely, to prevent the commission of crime, I forbear from any apology, whilst I solicit with deference your support.

Moving, Sir, as you are, in a widely different and a higher sphere, it is not to be expected that you should be acquainted with the obstacles which impede the progress of medical knowledge: but, when I recal to your recollection the fact that the law has opposed an almost insurmountable barrier to its advance, it is surely desirable that some measure be adopted which may assist the one without infringing on the other.

You have probably already anticipated my allusion, and it were superfluous that I should urge on your established conviction the absolute, the indispen-

sible necessity of an accurate knowledge of anatomy to every one who intends to become a member of the medical profession. It may be a source of regret that the feelings of mankind in general should revolt at the only method by which such knowledge can be acquired; and many plans have been proposed, many schemes adopted, by which dissection may be superseded. Experience, however, has only confirmed what common reason had but too clearly indicated, and the surgeon who aspires to any eminence in his calling has in this country no resource for its attainment but by conniving at the violation of her laws.

It might, perhaps, ill become me to propose the abrogation of that law by which this necessary step to science is impeded. Human nature shudders at the exhumation of our relatives and friends; nor can even the benefits to be thereby conferred on the living overcome the prejudices arising from an encroachment on the sacred precincts of the dead. Those even who, by the commission of crime, have forfeited their lives to the outraged laws of their country, are, with the exception of the murderer, exempt from farther exposure; and thus, were it not for the hardihood of a desperate few, whose only mode of sustenance consists in the contraband traffic of this commerce, medical science must inevitably stagnate, and valuable lives be daily sacrificed to the most disgraceful ignorance. The vigilance, however, with which every place of interment is guarded, and the pernicious severity with which the pirate of the tomb is visited, have now rendered the subjects for anatomy so scarce, and the price demanded for them so exorbitant, that many medical students whose pecuniary resources bear no proportion to their professional zeal, are in England thus discouraged in their pursuits, and retarded, if not seriously curtailed, in their attainments.

In this declining state of perhaps the noblest of our arts, I apply, Sir, for the influence of your exalted authority, and the exertion of your acknowledged talents in its support; and with deference to your superior judgment, I take the liberty of suggesting the enactment of a law by which the bodies of all persons dying in gaols, houses of correction, hospitals, alms-houses, and all other public and charitable institu-

tions, be subjected to the disposal of the medical officers attached thereto, for the information and improvement of students in medicine and surgery. That such condition be affixed to every letter of admission to hospitals and other public charities. That the bodies of all criminals forfeiting their lives to their country, whatever be the crime for which they suffer, be given over for the same useful purpose; with this grand and signal distinction—that the dissection in these cases be open to the public under certain regulations; thereby attaching an ignominy in the one instance from which the other is totally exempt.

The last resource in favour of anatomy, to which I beg leave, Sir, to call your attention, and which may probably be attended with a greater division of opinion, is the similar appropriation of *the bodies of all persons committing suicide*.

The increase of this crime, from various causes, has arrived at so lamentable a height that humanity cries aloud for measures to prevent it: and though perhaps the majority of these melancholy victims of desperation may scarcely be arrested from their fatal determination by any subsequent disposal of their remains, the horror in which dissection is by many held (especially amongst the lowest and most illiterate of the community) may operate in some measure to diminish their number. The same idea, I find, has been entertained by Professor Christian, who, in his notes on Blackstone's Commentaries, observes—

“I have often thought that it would be a wise law if the present distinction and consequences of insanity and sanity were abolished; and it were enacted that the coroner, in every instance where the jury found that the person deceased had been the author of his own death, should be directed to deliver the dead body to the surgeons, to be anatomized. The lives of many, more especially of the female sex, would be thus preserved, and the valuable science of chirurgery would be improved. The instances of female attempts in committing suicide are now very numerous. There is reason to think that they consider it an honourable proof of fortitude, or of faithful attachment to the object who has occasioned disappointment. This can only be counteracted by the appre-

hension that their bodies will be man- gled by the surgeon's knife, and ex- posed to public view.”

History may also be adduced in con- firmation of this conjecture. Plutarch mentions that the passion for suicide had at one time become so incontroll- able and common amongst the Mile- sian virgins as to render it necessary that a decree should be passed by which it was ordained that the bodies of all who were guilty of this crime should be exposed naked in the public ways. The decree had the desired effect, and not an instance of suicide followed. Aulus Gellius states the same fact.

Pliny also instances a similar happy result from a decree of Tarquin, who, when the labourers, wearied and har- rassed by constructing sewers, and otherwise improving the city, destroyed themselves in considerable numbers, ordered that their dead bodies should be nailed to crosses.

“Cum id opus Tarquinius Priscus plebis manibus faceret; essetque labor incertum longior an periculosior, passim conscitâ huc, Quiritibus tædium fugien- tibus novum et inexcogitatum antea posteaque remedium invenit ille Rex: ut omnium ita defunctorum figent cru- cibus corpora spectanda civibus, simul et feris volucribusque laceranda; qua- mobrem pudor Romani nominis pro- prius, qui sæpe res perditas servavit in præliis, tunc quoque subvenit; sed illo tempore imposuit jam erubescens, cum puderet vivos, tamquam puditurum esset extinctos.”

That suicide has ever been considered a crime against humanity is proved by the laws which, almost in every coun- try, and from the earliest times, have been enacted to prevent it. We find it so in the old Jewish records. It was forbidden by Pythagoras, as we learn from Athenæus, by Socrates, and Aris- totle, and by the Theban and Athenian laws. Even where death appeared to be sought in the field of battle, we find from Herodotus that the unnecessary self-exposure was held in the same light, and funeral honours were refused to the remains. Thus in the case of Aristodemus, in the battle of Plataea:—
“Ουτοι δε πλην Αριστοδημου, των αποθα- νοντων εν ταυτη τη μαχη τιμιοι εγενοντο” Αριστοδημος δε βουλομενος αποθανειν, ουκ ετιμηθη.”

Pardon me, Sir, for occupying your time in reminding you of these classical

authorities, which I would not have inflicted on you but for their strong illustration of what I have ventured to advance.

If the villain who deprives society of a valuable member by taking away the life of another, be consigned, after his execution, to the ends of science, it may surely be advanced as an argument in favour of the similar disposal of him who commits the act upon himself: and I have no hesitation in affirming that our detestation of the crime would be thus more strongly, and certainly more usefully manifested, than by the degrading custom now practised, or the unchristian barbarity but lately repealed. It has frequently been advanced that no person can be in a sane state of mind at the moment of self-destruction: and perhaps from an impression of this kind, or actuated by motives of delicacy, or feelings of compassion, the verdict of *felo-de-se* is now but seldom pronounced.

"Many are found insane by a coroner's jury," says Professor Christian, "who have done no irrational act before the act of suicide, and who would never have been found insane by a jury at the assizes, under the direction of a judge, if they had killed any other person: yet the principles of the law are, in both cases, precisely the same."

Far be it, however, from me, Sir, to add one pang to the already bleeding hearts of surviving friends! I would not draw aside the decent veil with which they seek to shelter their departed brother by a lenient verdict, nor deny them the melancholy satisfaction of paying their last tribute of affection to his sacrificed remains. The sources of consolation are, indeed, too barren to be further exhausted, and even science were dearly purchased by a single act of unnecessary cruelty. The same principle, nevertheless, which directs in one instance of violent death, may surely in part prevail in the other; and I should venture to propose that the consignment of the body to the benefit of science be uninfluenced by the verdict of the coroner. If the self-murderer were *sane*, justice demands that the benefits which he has wrested from society, by the extinction of his life, be atoned for to the utmost by the result of his death—if *insane*, the body, when dead, may surely be applied for the public good, where the mind, when living, could con-

tribute nothing. Since, however, a state of mental agony bordering on, or, indeed, inducing temporary insanity, cannot be classed with deliberate and bloodthirsty malice, although their consequences be parallel, I would not that the kinder and forcibly predominant feeling of British humanity should succumb to even the efficient precedent of Roman decree; content alone that science should be benefited without ignominy being attached, curiosity satisfied, or horror excited.

Suffice it, then, that the body of the wretched victim be dedicated solely to anatomical improvement, and that the remains be subsequently and decently transferred to the friends of the deceased.

But enough. It was not my intention, Sir, when I began this letter, to trespass at any length on your kind indulgence, or occupy so much of your valuable time; well aware that—"in publicâ commoda pecum si longo sermone morer tua tempora."

Should you, however, as I hope, consider the subject of this letter of sufficient importance to be submitted to Parliament, a more extended view of its advantages may then be taken, and measures be adopted accordingly. But, Sir, I will now release you: and, trusting to the kindness and condescension with which I am assured you will listen to every suggestion for the improvement of science or benefit of the nation, I beg permission to subscribe myself, with the most profound respect, Sir,

Your most obedient servant,

JOHN CARR BADELEY, M.D.

37, Half-Moon Street, Feb. 12, 1827.

TO HENRY WARBURTON, ESQ. M.P.

(Communicated by Dr. A. T. Thomson.)

SIR,

Entertaining a deep interest in every circumstance connected with the advancement of the profession of which I am a member, I have thought much upon the best method of securing a regular supply of bodies for the use of the dissecting rooms, without interfering with prevailing feelings and prejudices, which, however weak they may appear to the anatomist, are yet inherent in every mind, and amalgamated with the most cherished of our social

affections. Should the following plan, which has suggested itself to my mind, not meet with the approbation of the Committee, it may suggest some hints that may turn to account.

I am of opinion that much of the horror impressed upon the feelings of the lower orders, by the prospect that their bodies shall be given to the anatomist, arises from the idea that such an event precludes the usual religious ceremonies of sepulture; and that, therefore, in being dissected, they die the death of a dog. The nature of our religious faith certainly fosters this idea; and I confess that, with the utmost indifference as to the disposal of my own body after death, my feelings revolt strongly against the idea of being deprived of those prayers over my dead body, which must be admitted to be either of importance in a religious point of view to the deceased, or a mockery and insult to the living. Now, if this feeling could be respected, and the church service performed before any body is given up for dissection, one difficulty would be removed.

I propose that an ample vault should be constructed in the church-yard or cemetery of every parish, in which the body of each pauper who is not claimed before the expiration of thirty-six hours after his death, should be deposited, with the usual church ceremonies. The name and age of the individual, and the disease of which he died, should be entered into a register, to be kept in this vault by the sexton, who should be authorised to deliver any body or number of bodies which may be required, to the order of every teacher of anatomy who may require them.

To prevent any improper traffic, I propose to license every anatomical school, and not to permit any bodies to be delivered unless to the order of a licensed teacher. To prevent also any improper conduct on the part of sextons, or their pursuing any method to furnish the parish vault from other sources than the workhouse, I would prevent them from receiving fees from those persons who apply for bodies, and would enact that the extra duty of attending during the night to deliver the bodies should be paid by the parish, to which any sums to be given for a body (if any should be thought necessary to be exacted from the teachers of anatomy) should be paid. As anatomy is a

branch of science acquired for public benefit, I am of opinion that no money should be paid for the subjects of dissection, either by the teachers or the pupils; and that the exaction of a sum for the license of teaching anatomy, to be annually renewed, would be sufficient to defray the additional expense which this plan might bring upon a parish. Such a mode of payment, also, would satisfy the fears of the pauper that he might be neglected in illness, because the parish would profit by his decease to a greater extent than the mere saving of the expense of his subsistence, should money be paid for his body.

As many bodies of individuals who die in hospitals are also unclaimed, I propose that they should, in like manner, be interred in the parish vault, and be delivered to the anatomical teachers. The interments should be made in the same public manner in which they are now conducted; but no body should be delivered except under the cloud of night.

The advantages which I conceive might accrue from this plan are these:—interference with the religious feelings of the community would be avoided; the present barbarous custom of exhumation would be annihilated; the process of dissection would be withdrawn from the public consideration; and if that law which makes it part of the capital punishment for murder could be abrogated, I think the minds of the poor would soon become indifferent on the subject of dissection—and the community would be benefited to an extent almost inconceivable, by the facilities thus afforded to the acquisition of anatomical knowledge. I am, Sir,

Your humble servant,

A. T. THOMSON.

3, Hinde Street, Manchester Square,
5th May, 1828.

MISREPRESENTATIONS IN THE LANCET.

To the Editor of the London Medical Gazette.

Glasgow Royal Infirmary, Sept. 5, 1828.

SIR,

IN the *Lancet* of the 19th July appeared an account of an operation performed at the Glasgow Royal Infirmary, which,

to speak of it in the mildest terms, was a mis-statement from beginning to end. A contradiction, of which the subjoined is a copy, was forwarded to the Editor of the *Lancet*, through his agent here; but although time sufficient has elapsed for inquiry into its authenticity, and into the characters of those who signed it, no notice has been taken of it.

It is both the interest and the duty of those who are educated at this institution not to permit the character of its surgeons to be traduced; and it is besides a pleasure to expose a falsehood so impudent. We have no reason to doubt your impartiality, and hope, therefore, you will be kind enough to insert this, *that the conduct of the Lancet, and the character of his Glasgow correspondent, may appear in their proper light.* Our names are attached to the paper sent to the *Lancet*, who may make what use of them he pleases; and they shall be inclosed for your satisfaction, and the information of the *Lancet's* correspondent, if he chooses to inquire. Let him avow his name if he dare, and vindicate his truth if he can.

“ *To the Editor of the Lancet.*

“ July 19, 1828.

“ SIR,

“ The remarks in the *Lancet* of the 19th inst. on an operation lately performed at the Glasgow Royal Infirmary, contain the grossest misrepresentations, of which, as they have greatly affected the credit of your Journal here, it is presumed you will be glad to insert a contradiction as early as possible.

“ The following is an abstract of the case alluded to, as it is detailed in the journals of the hospital:—

‘ J. P. aged two years. In right side of scrotum is a tumor the size of a small walnut, which gives uneasiness when pressed; the abdomen is much distended, tympanitic, and at lower part tender to the touch; bowels constipated; skin warm and dry; tongue white; pulse 120; thirst urgent; nausea and occasional retching; and loathing of food for two days past.

‘ The mother states, that three months ago she observed a small swelling in the situation of inguinal hernia, of the size of a filbert: it gradually increased and descended into the scrotum, and in six weeks had attained its present size. Pressure readily caused its dis-

appearance, which was always accompanied by a gurgling noise. It has been in its present situation for two weeks past, and he has had no stool for eight days. Two days ago nausea and retching came on. Taxis has been tried by a surgeon, but without success.

‘ The taxis was again tried by both the attending surgeons. The child was ordered a warm bath, three grains of calomel, to be followed by 3ij. of castor oil, and, if necessary, an enema.

‘ At 5 o'clock P.M. the medicine not having operated, an enema was given, which produced a scybalous stool. No diminution of tumor, which is now more tender on pressure. Child is more restless; fever has increased; pulse is now 140. A consultation was immediately called, and though some doubts were entertained, an operation was determined upon, as, under all the circumstances of the case, the safest course.’

“ It may also be stated, though not mentioned in the case taken in the journal, that a short time after the tumor was first observed, it had been shown to two surgeons, who both reduced it, considered it a rupture, and recommended a truss for the child.

“ Now, Sir, compare these symptoms with the statement of your correspondent, that there was ‘neither fever, hiccup, vomiting of foetid matter, want of stools, tenderness over the abdomen or in the parts,’ &c. and you will be at no loss what opinion to form of his veracity. He is deprived of the plea of ignorance or mistake, for the journals of this institution are open to the students, and are kept with regularity.

“ Having contradicted the mis-statement in this instance, we need scarcely add that it is expected of your justice to be more cautious with regard to future communications from the same quarter as your last. Strict justice, indeed, would demand that you should publish the name of your informant, that he may enjoy the reward of contempt to which his conduct so justly entitles him.

“ We might have dwelt more particularly upon the case, but it will, in all probability, appear in the half-yearly account of the surgical practice of the Infirmary, which it is now usual to publish in the *Glasgow Medical Journal*.

“ We fear no inquiry into the accuracy of our statement, and shall not, like your correspondent, withhold our names. We might add to them, were it

necessary, those of a hundred of our fellow-students.

(Signed)

“ W. B. SORRAIN.

“ JAMES B. NEWLANDS.

“ JOHN R. WOOD.”

UNIVERSITY OF BERLIN—RUDOLPHI — ANATOMICAL PREPARATIONS*.

ALTHOUGH the Berlin University has been in existence but a few years, having been founded by the King in 1809, it has been more fortunate perhaps than any other similar institution in quickly collecting together such a galaxy of talents to fill the chairs of professors as at once to establish its reputation, and irresistibly attract students from every part of the country, as well as from abroad. It is not given to every infant enterprise of this description to be so supported in its outset; nor could such an event be anticipated, except in a great capital, where men and means are always to be met with at the disposal of those in power, and where these are sufficiently upright and impartial to allow their own sagacity to guide their choice, and sufficiently sagacious to make that choice useful as well as creditable to the public. Berlin possessed all these advantages, and the result has proved most prosperous and successful. In matters of science alone (for I have had no leisure to enter into the examination of the other branches of learning at this institution,) the names of Humboldt, Hüfeland, Rudolphi, Lichtenstein, Graefe, Siebold, Heyne, Rust, and Schultz, without mentioning many others of the highest respectability, are sufficient at once to stamp the character of, and give celebrity to the institution. Who that is at all acquainted with the modern history of science would hesitate in placing his children under such teachers? These men were all at hand, with their labours and fame, when the University was projected, and the choice for the professorships naturally fell upon them. Nor was it the desire of gain that prompted such men to accept the task, since many, like Humboldt for instance, lecture gratuitously, and those who have salaries are very mode-

ately paid. It was zeal for their own individual branches of learning that moved them; the same zeal which stimulates them now to farther exertions. The largest salary given to a professor I believe to be from twelve to fifteen hundred rixthalers, (170 guineas); but the majority have a much smaller sum. Those who have large collections to keep up are allowed an additional sum, varying from two to three hundred dollars, for that purpose. Such is the case for instance with Rudolphi, the professor of anatomy, and Lichtenstein, the amiable professor of natural history.

Charles A. Rudolphi is by birth a Swede. He was formerly professor of medicine in the University of Königsberg, from which he removed to that of Berlin, where he fills the chair of General and Comparative Anatomy with considerable success. He has edited several periodical publications; but the two works which have raised him highest in the estimation of the profession are, his natural history of intestinal worms, which appeared first in three volumes at Berlin in 1808—1810, written in Latin; and his Treatise on Physiology, in two volumes, written in German, and published in 1821 and 1823. This last production of the professor of anatomy at Berlin is remarkable for the very luminous manner in which the most difficult questions in physiology are explained and discussed, and for the opinion expressed in it in favour of spontaneous generation. It was likely, indeed, that the classical historian of those singular animal productions, the intestinal worms, the origin of which is enveloped in so much obscurity, should have adopted an opinion so strongly suggested and corroborated by what he must have repeatedly observed in the course of his studies. Rudolphi is the sworn enemy to quackery: it is not only against the doctrine of Gall that he has waged a scientific war; he has also raised his voice, at various epochs, against the mystic exaggerations of animal magnetism.

The collections belonging to the two last-mentioned professors, and more particularly that of natural history, are superior in extent, in the number of valuable and rare preparations and specimens, and for the beautiful order in which they are kept and arranged, to any collection I have had an opportunity

* From Dr. Granville's St. Petersburg.

of examining in other Universities. The Anatomical Museum contains the well-known collection of the late Professor Walther, among which are several fine specimens of injections of the lymphatics, and preparations of the nervous system, both dry and moist, extremely valuable. One of the prosector's of the Museum, Dr. Schlemm, had just completed the dissection of all the extracranial and facial arteries, which for minuteness of detail, neatness and distinctness of the origin, connexion and intricate ramifications of even the smallest vessels, surpasses every thing of the kind produced by modern anatomists. This valuable preparation was in progress of being engraved, and will be published shortly. Another curious if not interesting specimen, which was pointed out to my attention, and which I was allowed to take out of the spirits, and minutely examine with proper instruments, is an example of intro-abdominal hermaphroditism, which had lately occurred in a foetus, and which leaves no doubt as to the existence of the capricious yet real combination of the two sexual systems in the same individual. This combination, however, did not extend beyond the internal periphery of the abdomen. The profession will soon have an opportunity of judging for themselves of the merits of this singular preparation. In this place I must forbear entering into particulars, nor can I be expected, in a book of this nature, to use strictly professional language in describing anatomical preparations.

The great facility which was afforded in my instance for the minute examination of the specimen in question, is not a solitary example of that spirit of liberality which presides over the studies of this seat of learning, and which ought to preside over every university in Europe, as well as over every institution founded for public instruction. With regard to the Anatomical and Zoological Museums of Berlin, every matriculated student, or scientific stranger, is permitted in both those establishments to remove preparations from the public into adjoining private rooms, kept open for the purpose, for a more particular study of the specimens; and on this, as well as on all other occasions, they are allowed to make drawings, write descriptions, and publish an account of the various ob-

jects which they have selected for their own especial study. Hence comes it that the Prussian Journals of Medicine, Surgery, and Zoology, and the *Theses* publicly defended at the Berlin University, often contain so many valuable and interesting facts, taken from these great emporia of science, with the concurrence and frequently the co-operation of the Professors.

The Anatomical Museum occupies two immense saloons and several smaller rooms. The preparations are arranged as usual round the room on shelves; but in addition to this another contrivance exists, which is peculiar to this institution, and only practicable where the rooms are of such colossal dimensions. This consists in the arrangement of a great number of tables, five feet high, placed in rows in the middle of the room, with spaces between them, which allow a free passage around each. On these tables, preparations, illustrative of particular branches of medical science, are disposed in double or triple lines, the largest behind, the smallest in front, in such a manner that a student, having made his election of his subject, is certain of finding on the table whatever specimen may tend to its illustration. Besides a number referring to a descriptive catalogue, each glass bottle bears a concise Latin description of the preparation and the history attached to it. That such is the intention of these *tabular* subdivisions of the Anatomical Museum, I feel convinced; but candour requires me to state, that a degree of confusion seemed to prevail in the disposition of the preparations when I examined the tables, and that a greater degree of neatness should be displayed to complete the useful intention of the Professor.

HUFELAND.

It was not to be supposed that a foreign physician could remain some days in Berlin without paying his respects to the patriarch of medical literature in Germany, Professor Hüfeland, whose name is as familiarly known to the profession in England as it is in Prussia, or any other part of civilized Europe. I found it necessary to wait on him as early as eight o'clock in the morning in order to see him, as he is

daily in the habit of leaving home before nine o'clock to visit the King at that hour. Hüfeland is a Saxon by birth, and about sixty-five years of age. He is *conseiller* as well as physician to his Majesty, principal medical officer to the Hospital of La Charité, and professor at the University. In his younger days he had been professor at Jena and physician to the Grand-duke of Saxe-Weimar. His countenance is that of a man of sagacity rather than genius. The ample and uncovered forehead, bounded on each side by a few falling silvery locks, would give great character to his face were not the lustre of his eyes dimmed by age and his sight greatly impaired. In his person he has what the Germans call a philosophical *tournure*, and his manners are simple. There is nothing *recherché* either about his dress or the interior of his house; and I thought I even perceived a want of method in the arrangement of the papers and books lying about the table in his study. My conversation was necessarily short and rapid. We spoke of the state of medicine in Germany and England; of the public and scientific institutions in the two countries; of our mutual literary productions connected with medical science; and of modern discoveries. Few living physicians have written so much as Professor Hüfeland. He has touched upon almost every subject; and although it cannot be said of him, as was said of his illustrious countryman Hoffmann, that whatever branch of medical science he treated there he shone preeminent, Hüfeland, nevertheless, amply deserves the praise of originality in many of his writings. Independently of his works, this indefatigable writer has for many years published a journal of practical medicine and surgery, which is much esteemed by the profession; and with the same zeal for the promotion of medical knowledge he gives an account of his practice at the hospital of La Charité at the expiration of every year. The works by which he is best known in this country are his Treatise on Scrofulous Diseases, and on the Art of Prolonging Life. The pages of both these volumes abound in original and valuable facts, and in luminous views of the most abstruse parts of the subjects under consideration. There is so much varied information throughout the works in question that the reader is insensibly

led on, *ab ovo usque ad mala*, without being wearied of his task. I asked Hüfeland what he thought of phrenology now; for I recollected that he had, one time, taken an active part in that branch of cephalomantic knowledge. His reply did not convey his opinion on the subject very distinctly. "The 'skull doctrine,'" said he, "as phrenology is now styled in Germany, is undergoing the fate of your Brunonian system of medicine. We, who were the first to adopt, and both strenuous and in earnest to defend the *philosophy* of Gall, while you remained sceptical on the subject, and full of mirth at our expense, are now smiling in our turn at the seriousness and pertinacity with which you endeavour to uphold the falling structure—precisely as we did with regard to the system of medicine of the Scottish professor, which we were maintaining to be excellent with all our might, while you, who had been the first to adopt it, were laughing at our *bonhommie*, and what you were pleased to call 'German stupidity,' for yielding credence to it, though not till after a period of incredulity. But if you wish to hear more on the subject of the skull doctrine, see Rudolphi about it." Unfortunately, the professor of anatomy was absent from Berlin; a circumstance which I regretted much on this as well as on many other accounts. I had, however, been informed beforehand, that Rudolphi was one of the most powerful opponents to the doctrine of Gall, and that his testimony goes a great way in settling that much-debated question.

Granville's St. Petersburg.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

FEVERS OF INDIA.

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally; illustrated with Cases, Post Mortem Examinations, and numerous coloured Engravings. By JAMES ANNESLEY, Esq. Vol. II. Imperial 4to. pp. 586.

(Concluded from page 376.)

BOOK V.—*On the Fevers of India.*—These are the most prevalent diseases

met with in India, though, perhaps, compared with dysentery, they are not quite the most fatal. Mr. Annesley believes them all to depend upon terrestrial exhalations, or on the vicissitudes of the season, and never upon contagious sources; that their varieties of type scarcely amount to specific differences, but arise from the various circumstances of activity, intensity, the combination of their exciting causes, and the predispositions of those attacked. These fevers usually present in their course some mark of local determination, the consequence and not the cause of the disease; the vascular excitement is a very prominent character in the early stages, but it exhausts itself sooner or later, and is followed by collapse, which does not constantly bear a ratio to the previous violence of the excitement.

On the exciting and predisposing causes of Fever.—The predisposing causes amongst the new arrivals are—salt provisions and spirituous liquors during the passage out; want of attention to the bowels; incautious exposure to the changes of climate; intemperate habits; extreme fatigue; night chills; improper or deficient nourishment; the depressing passions; atmospheric changes, &c. Nearly all these are also applicable to those who have resided long in the country; but in the latter they generally precede fever of the adynamic type; in the former, of a more inflammatory character.

The exciting cause is, in all the cases which have come under Mr. Annesley's observation, malaria; though he does not deny the possibility of contagious miasmata being sometimes generated, under very peculiar circumstances. Our author acknowledges that a well-regulated use of exciting liquors may prevent disease during the prevalence of epidemics, by rendering the frame less liable to be influenced by their causes; but he does not recommend the permission of them, because he never saw instances where the permission was not in some degree abused, by which more harm than good would result; besides, that the habits induced render the individuals more liable to hepatic and visceral derangements.

On the types and forms of Fever.—Intermittent fevers are very common in India, amongst those chiefly who have passed through the regular seasoning. They present all the varieties of type

described by authors, but for practical purposes may be divided into—1st, simple, uncomplicated ague; 2d, intermittents with more or less of the inflammatory character; 3d, intermittents with typhoid symptoms; and 4th, ague complicated with disease in some internal viscus.

Remittent fevers are the most common of all febrile diseases in India. The varieties are chiefly—the mild remittent, occurring amongst those who have good constitutions, and at a favourable season of the year; the inflammatory remittent, attacking new comers and those of a sanguine temperament, often arising in the northern and more elevated regions, and characterised by gastric and cerebral derangement. The bilious remittent, where the skin is yellow or dusky; the evacuations showing either an excess or a vitiated state of bile, or both, and there being pain in the forehead and sockets of the eyes, with a bilious state of the tongue. This form is most prevalent in low marshy situations, and in the hot months following the great rains. The malignant remittent, occurring in places most productive of malaria and during the most unhealthy seasons, and shewing great varieties in the mode of attack and development of the malignant symptoms. In some cases the remissions are indistinct, and the vascular excitement very high; skin harsh, dry, and burning, with maniacal delirium; great pain in the head, loins, and limbs; sickness, and vomiting of green bilious matter; quick breathing, and full and rapid pulse; extremities clammy, tongue loaded; and the motions bilious, watery, green, and curdy. In other cases there is less vascular excitement, and the symptoms are more typhoid; the delirium is muttering and low; pulse small and quick; the abdomen tumid and hot; the extremities cold and clammy; motions offensive and morbid; fuliginous tongue, with apthæ or spongy gums; constant vomiting, or rather a pumping up of at first ropy or bilious matter, afterwards a black coffee-ground fluid; a dark pitchy state of the motions, &c. A yellowness, and sometimes a greenish state of the skin accompany both these forms of the disease after the third or fourth day. Sometimes a mild and favourable form of the remittent at the commencement may suddenly proceed into the malig-

nant character, and the patient's state be highly dangerous: this often happens from a previous debilitated constitution, or from a fresh exposure to the causes of the disease.

There are some forms of the remittent fever which never mount up into a state of febrile excitement, from the want apparently of the vital energies, constituting, we suppose, Dr. Armstrong's congestive fever.

Continued fevers are what are commonly known as the seasoning fevers of new comers, and are always more or less of an inflammatory character. They may be, first, the simple inflammatory; secondly, the bilious inflammatory; and thirdly, the malignant continued fever. These, however, are not always to be distinguished in practice. The malignant form may arise from the beginning, or it may be merely consequent on the previous inflammatory excitement; from either the violence of the action producing a proportionate collapse, or from neglect or improper treatment. There are cases also in which the system seems never capable of being roused into proper febrile excitement.

Where continued fevers arise from malaria they are more difficult of treatment than when they arise from imprudent exposures or from excesses; in the former cases the symptoms are more decidedly those of exhaustion. The first stage preceding the febrile excitement is the most uniform in all these cases, and may often by proper and timely treatment be cut off, or at least the subsequent disease may be rendered more mild and tractable.

The conversion of one type of fever into another must be often observed by every practitioner within the tropics; this often arises from the mode of treatment adopted, or from change of season, temperature, or weather; but in Mr. Annesley's opinion it is chiefly owing to the prevalence of the exciting cause, and its operation on the constitution of the patient, during treatment or during convalescence. In hot seasons the intermittents are apt to become remittents, especially where there has been much disorder of the stomach, bowels, or biliary organs. In cold seasons remittents often become intermittents, especially as convalescence approaches, and where malaria is abundant; and also where there has been marked dis-

order of the liver or spleen. Remittents may also change into the continued form, and all these transitions may happen in one individual during the same disease. In the same way, continued fever may pass into a remittent or an intermittent, according to circumstances; and these intermittents may be of the most irregular character; quotidians, tertians, double tertians, quartans, &c. alternately. When patients are removed from the immediate source of malaria their symptoms usually become more favourable; if, on the contrary, they remain, or become exposed to a more concentrated miasma, they rapidly become worse.

The morbid actions set up during the progress of fevers in hot climates are chiefly in the abdomen and in the cranium; the chief danger arising from the local mischief, if extensive, ending in organic lesion.

An inflammatory state of the mucous surface of the stomach and duodenum may exist, indicated by nausea, tenderness and fulness of the epigastrium; with the tongue foul, with red sides and apex. This state of the mucous surface, in very severe fevers, may even extend to the small and large intestines, when the pain and tenderness is to be perceived over the abdomen, particularly at the umbilical region; and there is irregularity of the bowels, approaching to diarrhoea or to dysentery. At the latter end of severe fevers it is no uncommon thing for dysentery, of a serious character, to supervene: this arises usually from acrid bile, and from the accumulation of faecal morbid matter.

Derangements of the hepatic system are one of the most frequent accompaniments of these fevers; at first, in Mr. Annesley's opinion, there is simply congestion of the portal vessels and hepatic veins, with accumulations of bile in the ducts and gall-bladder. This soon brings on a determination of blood to the liver, with inflammation and subsequent organic derangement, generally of the parenchymatous structure. In long standing intermittents there is generally enlargement, with obstruction, of the liver, and enlargement of the spleen, with a tuberculated state of the pancreas. A peculiar softening of the liver often takes place in the malignant sorts of fever, which, however, is not certainly to be detected during life, and

therefore it would be impossible to say whether it is curable.

Determinations of blood to the head, producing inflammation of the substance or coverings of the brain, with delirium, coma, &c. very frequently supervene in the course of the inflammatory forms of continued or remittent fever, particularly where there has been much exposure to the solar rays; these cases are to be distinguished from common phrenitis by the precedence of the fever to the cerebral excitement. In many cases of fever of the adynamic type, where cerebral symptoms are present, there are all the signs which mark the worst sorts of typhus fever in more temperate climates, but without the disease being of an infectious character.

Pulmonary inflammation, bronchitis, rheumatism, erysipelas, obstinate ulcers, —all these occasionally supervene in the fevers of hot climates. In low marshy soils almost all diseases assume more or less of the remittent or intermittent character, and are of the adynamic type, requiring a very different treatment from the same diseases occurring in more elevated and salubrious situations.

We are next presented with some prognostic symptoms as indicating the chances of recovery or a fatal termination; they are not different from what might be expected from what has been already stated, and would be easily anticipated by any observing practitioner.

On the Treatment of Fever.—It would be impossible to lay down rules for the management of every variety of fever which may occur, but it will be sufficient to give the leading features of the treatment, and leave the particulars to the judgment of the practitioner: in all we must follow the maxims of Sydenham—"moderate excessive action as soon as it supervenes, and restore action when it is diminished much below the healthy standard." In *intermittents*, during the paroxysm, if the cold stage should be long and severe, it should be moderated by the hot or vapour bath, frictions, and internal stimulants. If the hot stage be excessive, with symptoms of local inflammatory action, we should employ local or general bloodletting, cold affusion, cooling diaphoretics, &c. In the intervals, to prevent the return of the fits, we should have recourse to an emetic, if a recent attack, and if no symptoms

of inflammatory excitement have as yet shewn themselves. After the emetic, 15 or 20 grains of calomel, followed in a few hours by a purging draught, and, if necessary, an enema. When the bowels are completely cleared out, but not till then, bark should be given, combined with ammonia, camphor, or ginger, if the stomach reject it otherwise. Sulphate of quinine had not been introduced into India before Mr. Annesley left it; but he has no doubt it will be a very valuable form of the remedy, as much less likely to disorder the stomach. In all long standing cases, local blood-letting is often required repeatedly during the cure, to prevent congestions, &c. in different organs; and especial care should be taken to have frequent recourse to calomel and purgatives. Where the spleen is much enlarged, calomel is not so salutary, but along with the bark tonic purgatives are to be frequently given. An issue in the neighbourhood is often serviceable in such cases, as well as in hepatic enlargements.

In the *remittent* fevers of a mild character, the same treatment as that just described may be pursued, care being taken not to give bark whilst there are any local determinations. In the bilious and inflammatory forms the treatment must be more energetic, and the depletions limited more to the early stages of the disease. According to the organs affected, different remedies are serviceable. Cold to the head, tepid sponging to the abdomen, leeches, hot poultices, blisters, large doses of calomel and opium, anodyne injections, &c.; and if much exhaustion, as in the adynamic or malignant forms, frictions on the body, hot bath, mustard cataplasms to the stomach, stimulants and antiseptics, must be freely employed; particularly æther, camphor, spices, ammonia, spruce beer, bottled porter, &c. In all these cases great care must at the same time be taken that all irritating matters be constantly removed from the *primæ viæ*.

In the *continued* fevers, which are always much more rapid and violent than the other species, an emetic must be given immediately, before vascular excitement be set up. When this has happened, blood-letting, so as to make a decided impression on the pulse, must be had recourse to. This is to be repeated according to the strength of the

patient, or leeches are to be applied, particularly where there is any local mischief going on, when blisters, &c. are also to be used. Full doses of calomel and purgatives, cold affusions to the head (the hair being removed), febrifuge draughts with acidulated drinks, antimonial diaphoretics, cold or tepid sponging of the surface, &c. will in most cases relieve the urgent symptoms; and when the collapse comes on the usual stimulant and tonic plan may be followed, with the precautions before recommended. Decoctions of bark and rhubarb, as injections, are advised in these instances, serving both to remove irritating matter and give tone to the bowels. Where the continued fever is of the typhoid type, it is nearly needless to mention that even in the earliest stage depletion must be used with the greatest caution, and the stimulating plan begun at an earlier period; and we must be very liberal in our employment of bark, myrrh, musk, æther, ammonia, tonic injections, external stimulants, wine, brandy, &c.; watching the pulse very carefully, lest we should excite too much action.

A section follows containing remarks upon each of these different remedial agents: and respecting "arsenic" we may mention that Mr. Annesley does not speak very favourably of its employment, in comparison with bark, as he believes it to be much more liable to dispose to a renewal of local inflammation.

In the management of the Natives, it must be remembered that they do not bear depletion so well as Europeans, nor cold, and that they require an earlier and more liberal use of tonics and stimulants.

In the management of convalescence after fevers and dysentery, the greatest care must be taken to prevent any febrile excitement, or any accumulations in the bowels. Most relapses depend upon errors of diet, and the too early and sudden return to stimulating food: the diet should, therefore, be watched very closely, and great care must be taken to prevent any chills, or improper exposure to the vicissitudes of climate and temperature. The great object, however, should be to remove the patient, if possible, to a more salubrious climate; indeed, during the cure, this measure should be resorted to whenever feasible. Strict attention to the state of the digestive

organs, gentle tonics, combined with laxatives and deobstruents, warm clothing, and a bland unirritating diet, should be persevered in for some time, particularly on leaving India for the colder climate of Europe.

The concluding chapter, on the management of European troops on their arrival in India, and during their stay, would scarcely be of interest to a general reader. In the Appendix are many very valuable documents in the form of official reports from medical superintendents of the different stations of India.

We have not had space for noticing particularly the numerous and minutely detailed cases which are interspersed through these volumes: they form a very important and instructive portion of the work, and will be of the greatest service to the young Indian practitioner before personal experience is obtained. We have noticed in several places what have appeared to us as defects in Mr. Annesley's publication, and we shall now only remark that the author has evidently been hurried towards the conclusion of the work by an unexpected recall to India (we believe), which may account for some of the omissions of which we have complained. Mr. Annesley cannot be said to have been uniformly guided by that excellent rule for book-making—"admit nothing trivial, omit nothing important;" but he has brought together a very valuable mass of materials—evidences of the most unremitting industry—which, in the form presented to us, cannot fail to be highly useful, in spite of the deficiencies incident to so extensive an undertaking.

MEDICAL GAZETTE.

Saturday, September 27, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicam sit, dicendi periculum non recuso."—CICERO.

STATEMENTS WITH REGARD TO MECKEL, &c.

IN our last number we inserted from Dr. Granville's Travels (just issued from the press), an account given by that

gentleman of interviews with Meckel and Soemmerring, in the course of which they spoke of their negotiations with the Council of the London University. A counter-statement has been transmitted to us by Mr. Pattison, the professor of anatomy, and which we have inserted (not without inconvenience) in the present number. In extracting the passages alluded to from Dr. Granville's work, and in inserting the papers from Mr. Pattison which now appear, we have been actuated in the former case merely by a desire to present our readers with what we thought likely to interest them; and in the latter by the determination to let both sides of the question, in every instance where it is necessary to the elucidation of the subject, be heard with as little delay as possible. This circumstance has obliged us to alter in some measure the usual arrangements of the Journal.

NEW BAIT FOR PUPILS.

AMID the various inducements held out by some lecturers to pupils, none which we have heard of (and some are bad enough), savour more strongly of quackery than the following, which we copy from the prospectus of the courses at Hatton-Garden.

“Persons entering in full will have *guaranteed* to them the passing of their examinations at the following prices, which will include all expenses except subjects; and (for the College of Surgeons) one year's surgical practice at an hospital.

For the College of Surgeons...£ 21.

For Apothecaries' Hall..... 22.”

Query.—What is the guarantee to be? And to the pupils who are rejected are the contractors merely to return the money, or is any compensation to be made for the time which, under such circumstances, will have been wasted in attending their lectures? *Guarantee* is certainly an unlucky word; it re-

minds one of the “guarantees” the Duke of Wellington gave to Mr. Huskisson, and which turned out to be no guarantees at all. We advise the pupils to insist upon having a regularly executed bond.

BACKING OUT OF A DILEMMA.

THE *Lancet* is really a very useful and accommodating Journal, where any one who has a case to misrepresent, a foolish story to tell, or a little bit of malice to vent in the dark, gains ready access. In our present number will be found an illustration—a little incident touching a Hospital Report from Glasgow—by which it appears that a gross falsehood was published in the beginning of July, and although a contradiction was immediately sent it was not inserted till last Saturday, after a lapse of above two months; and the reason, gentle reader, the reason of the delay—“a press of matter.” The valuable letters of Dr. Gordon Smith could not be delayed—the interesting statements, and re-statements, and counter-statements, and mis-statements, about imaginary abuses at St. Bartholomew's, could not be omitted. Besides, the Glasgow paper was long—it occupied three-quarters of a page—and to have devoted so much space to an act of justice without some delay, would have been grossly inconsistent.

One of two causes may have led to its being at length inserted—the “press of matter” equally valuable with that above-mentioned may have suddenly ceased; or the Editor of the *Lancet* may *possibly* have heard from his Glasgow correspondent that the letter had been sent to the Gazette; but this, considering the acknowledged candour of the Editor, is perhaps uncharitable.

MORE WIT FROM THE LANCET.

IN some of our early Numbers we gave a few specimens of wit from our facetious contemporary; but whether his extreme modesty was wounded by the attention we directed to his felicitous *jeux d'esprit*, or whether the vein had been exhausted, we know not—but he has ever since punished us and his readers by rigidly withholding his usual sprinkling from Joe Miller. At length, however, he has relented, and last Saturday opened (we hope a whole budget) with the following:—"Why are Irish labourers like Mr. Brodie? Because they are famous corn-cutters!!—*Morning Herald*. Alas, CHIROPODIST BRODIE!"

If there be any more as good things as this we shall not fail to let our readers have them forthwith. We do not ourselves, indeed, see the joke, but we know from the Italics and capitals, and points of admiration, that it must be excellent.

LONDON UNIVERSITY & MECKEL.

EXPLANATORY STATEMENT BY MR. PATTISON.

To the Editor of the London Medical Gazette.

SIR,

As you have published in your last Gazette an extract from Dr. Granville's "TRAVELS TO ST. PETERSBURGH," which contains a gross mis-statement of the manner in which Professor Meckel was appointed to the chair of COMPARATIVE ANATOMY, &c. in the University of London, and the nature of his communications with the Council and myself, you will, I am persuaded, do me the justice to publish my account of these transactions.

It is said that the substance of a woman's letter is always to be found in the postscript: let this be as it may, there is no doubt but that the pith of the Doctor's book is in the Appendix; and certainly a more novel mode of venting spleen and ill temper could hardly have been hit on than to publish two large volumes, *royal octavo*, entitled "ST. PETERSBURGH!!!"

That Dr. Granville should have felt mortified and disappointed in not having been elected to the chair of midwifery in the University of London, is very natural; that *he* should have considered himself as very superior in qualifications to any of the other candidates, will not, by those who know him best, be thought wonderful*; but that he should have suffered the pique arising from his disappointment to lead him to violate the confidence of friendship, in the vain attempt to calumniate the character of a distinguished member of the Council†; or have condescended to lend himself to the circulation of the most shameful misrepresentations (of the falsehood of which he had ample opportunity to satisfy himself), for the purpose of injuring the reputation of an institution of which he was most anxious to become a member, is really more than *even* his enemies could have credited.

I have the honour to be,

Sir,

Your obedient servant,
GRANVILLE SHARP PATTISON.

The only attacks which Dr. Granville has made against the University of London, which I am called on to refute, are those in which I am personally interested. In his account of Meckel's appointment to the chair of COMPARATIVE ANATOMY, and the negotiation with Soemmerring on the subject of his museum, I, having been the person deputed by the Council to visit these gentlemen, owe it to my own reputation to vindicate myself from the charges brought against me, in the misrepresentation of these transactions which he has given to the public.

* To prove that the Doctor really thinks so, I shall quote a few passages from his account of himself, contained in his Appendix. "Among the latter candidates (those for the Midwifery chair) there was one who, having earned a fair fame, both as a practitioner and teacher, during a long and industrious career, which had been further marked by the publication of works which had met with approbation," &c. &c. This was Dr. Granville! "It was admitted by those who saw his certificates, &c. that if in reality the Council acted up to their declaration of strict impartiality, those documents, and the acknowledged standing of the candidate in his profession, must finally prevail." Dr. Granville again!!!

† In his Appendix, Dr. Granville, with the view of fixing the charge of unfairness on Mr. Brougham, publishes, without the knowledge of his friend, the substance of conversations communicated in the strictest confidence of friendship. Mr. Coates's letter in the "JOHN BULL" is a triumphant refutation of the charge brought against Mr. Brougham.

I thall, for the sake of perspicuity, consider first the case of Meckel; and, secondly, that of Soemmerring. The charges brought by Dr. Granville against the Council of the University, in his account of that gentleman's appointment, are of a very serious character. It is asserted that the Council elected Professor Meckel, and published "*his name in the list of those who were to fill the respective chairs at the opening of the medical season,*" without any application having been made on his part, or without their having any reason to believe that "*that gentleman was inclined to accept of the office.*" The history of the appointment will prove that there is not one word of truth in these assertions.

In the month of June 1827, about a fortnight before the election of the Professors, Dr. Spry, (who is referred to in Dr. Granville's work), having intimated to some of the members of the Council that he had received a letter from Professor Meckel, of Halle, in which an offer of that gentleman's services was made to the University, Mr. Horner, the warden, was requested to call on Dr. Spry, and learn the particulars of the application. At this interview he received Meckel's letter, for the purpose of laying it before the Council; and it was from the contents of this letter, which must, by every man who reads it, be considered as containing an offer of his services, that he was elected. A copy of the letter is in possession of the clerk of the University, the original having been returned to Dr. Spry. I shall content myself by quoting a few passages.

EXTRACTS FROM PROFESSOR MECKEL'S
LETTER TO DR. SPRY, DATED MAY
19, 1827.

"As you know perfectly well the disagreements of my present situation, and the little hope of its amendment, you may imagine easily that I should leave it without any pain, if I might have assurance to change it not for a less better. If then I might be quite sure to have the value of what I have here, I should even go to Siberia."

He then goes on to add, that from his having been informed that the Professors of the new University are to depend on their fees, *he is afraid* that those who manage it may not be disposed to give him a salary; but adds,

"But perhaps the donation of my

collection might produce a more favourable arrangement. If this should be possible, I will not hesitate to go to London as soon as the same advantages I have here will be agreed to.

"I have here—1st. 1500 thaler *fixum*.

"2d. 200 thaler as interest of the value of my anatomical collection; a truly ridiculous idea, as it cost me at least 20,000 th.

"3d. 300 thaler for the entertainment of my anatomical theatre and my collection; also a very little sum, as you know as well as I.

"In fact I have 2000 thaler, with the obligation of furnishing all that is necessary for the lectures on human, pathological, and comparative anatomy. *If I may have, then, a sum corresponding to this, I should with all my heart leave my present situation.*"

If these extracts do not refute the assertion said by Dr. Granville to have been made by Professor Meckel—"I am not, and never have been, a suitor for the chair in question;" and if the Council, before whom this letter was laid, had not every reason to believe that when appointed he would have accepted of the Professorship, there is no meaning in language.

In the letter notifying his election, the warden expressly stated that, from his high reputation, they had appointed him on his letter of application transmitted through Dr. Spry, not considering it necessary in his case to wait for a more formal one. It farther added, that although he had made an offer of a *donation* of his museum, that still his appointment was not to be considered as binding him to do so; but that he was left perfectly free to make such arrangements as he might think most for his own interest in relation to it. It concluded by informing him that Professor Pattison, who was about to visit Germany, would wait on him, and arrange the terms, &c. &c.

In relating the particulars of my visit to Halle I shall be very brief. In my first interview with Professor Meckel, he expressed a *fear* that the sum guaranteed to him by the Council of the University, would not be sufficient to enable him to support his family in the manner in which they would be expected to live in London, and asked my opinion. I frankly told him it would not; but added, that I was persuaded

the Council would agree to assure him such an income as would satisfy all his wishes. After a good deal of conversation as to the difference in the expenses of living in London and Germany, Professor Meckel concluded that it would not be wise in him to change his situation unless 1000*l.* per annum *was insured* to him; but added, if the Council would only guarantee to him this sum he would not hesitate a moment in leaving Halle. I agreed with him in thinking the demand a just one, and told him I would use my influence with the Council to induce them to comply with it. It was, however, most *expressly stated*, both in this conversation and in the daily, nay, almost hourly ones we had on the same subject, during my six days' visit to the Professor, that the 1000*l.* per ann. was not to be a salary, but that he should merely be guaranteed the receipt of an income to that amount, from his salary, fees of students, and annuity for his museum. It was, in fact, to be considered as an assurance that his *minimum* income would amount to 1000*l.*, whilst, if he succeeded as a teacher, it might be very much increased.

No man ever appeared or expressed himself better satisfied with a proposed arrangement than the Professor. We spent six days together in the best understanding, and conversed on the prospects of the University as colleagues mutually interested in its success and prosperity.

Two days after my arrival in Berlin, I was astonished by receiving a letter from Professor Meckel, making the most absurd and extravagant demands as the conditions of his accepting the Chair of "COMPARATIVE ANATOMY," &c. in the University of London. As these are expressed at great length in Professor Meckel's letter, I shall content myself with giving the substance of them; and in doing this I shall copy an extract from a letter addressed by me to the Council the day I received the letter referred to, as this not only contains Professor Meckel's conditions, but likewise my comments on them. The letter is dated Berlin, Aug. 14, 1827.

"Professor Meckel's letter is divided into heads, each of which forms a condition. These are confusedly expressed, and it is from this I am led to hope the idea they certainly convey is not intended.

1st. The assurance of 1000*l.* per ann. *If this is intended as a salary it is ridiculous.*

2d. That the expenses of supporting the Museum, &c. &c. be paid by the University. *This is just.*

3d. That he should have two assistants paid by the University, and a porter to do the dirty work. *As all the preparations made would be the property of the University there can be no objection to this condition.*

4th. That he should be insured of fees at least 500*l.* per ann. and should they amount to more they should be "entirely for his advantage." *If he means this in addition to the 1000*l.* mentioned in Article 1st it is ridiculous.*

5th. That all the expenses of packing and transporting the Museum, &c. should be paid by the University. *This is fair.*

6th. He values his collection at 50,000 thalers, and would expect an annuity on eight or nine thousand pounds, on his own and Mrs. Meckel's lives. Deriving, as he would, great advantages from his situation in the University, I should consider 200*l.* per ann. a sufficient annuity. But one of the most absurd conditions is contained in this article—viz. 'FOR REASONS EASILY TO BE UNDERSTOOD, THE COLLECTION, THOUGH GIVEN UNDER THESE CONDITIONS, MUST BE ONLY TO MY USE'."

As the terms contained in this extract are, it must be admitted, very extravagant, and could not have been granted without great injustice to the other Professors of the University, the Council did not comply with them. Anxious, however, to secure the services of so distinguished a gentleman, they agreed to guarantee to him, as I had originally recommended, a *minimum* income of 1000*l.*; and desirous to accelerate the affair, and obviate difficulties, they requested him to visit London, they paying the expenses of his journey. This he consented to do; but as he postponed, month after month, from some excuse or other, his visit, the Council were at last obliged, in order to enable them to publish "A Statement" of the plan of studies to be pursued in the University, to break off the negotiation. Such is the true account of the transaction in which the Council and Professor Meckel are implicated. It requires no comment,

Wherever the blame may rest the bitterest enemy to the institution will be foolish to employ it as a ground of accusation; and it is astonishing it should be employed as such by Dr. Granville.

The following statements are to be found in Dr. Granville's account of the transaction:—

1.—“A person has been sent to me whom I found to be incompetent to estimate the value and importance of such a collection as this,” &c.

2.—“I should be hazarding a greater stake than any of the other Professors already resident in London, who *either had no place before, or resigned whatever situation they may have held elsewhere*, long before they had any idea of belonging to the New University.”

3.—“The gentleman who came to me on the part of the Council was only explicit in the sum, *which he assured me he had taken care to have guaranteed to himself.*”

4.—“That deputed person had no right whatever to complain of my proceedings, *much less to address to me letters which I was compelled, from regard to my own respectability, to leave unanswered.*”

All of these statements, with the exception of the first, will be controverted and contradicted by the publication of the following letter, dated Berlin, August 14th, 1827, and addressed to Professor Meckel. As to the charge of incompetence, I really do not consider it necessary to vindicate myself from it.

Berlin, August 14th, 1827.

My dear Sir,

I have this moment received your letter of the 12th, and I must confess I have felt astonished and disappointed at its contents. From the free and unreserved communications I held with you during my visit to Halle, I had thought it impossible that we could have misunderstood each other. You told me explicitly you were most anxious, from the manner you had been treated at Halle, and from the great facilities London afforded for the prosecution of your favourite branch of science, to accept of the Professorship which had been offered to you by the Council of the University of London; and that you would not hesitate to do so if you had only the assurance that you would receive, from the profits of your Chair, such an income as would enable you to

support the rank of a Professor of the University. To live with your family in a suitable rank, you were of opinion that 1000l. sterling would be necessary, and you said that you would require such an income to be insured to you before you could consent to leave Germany. You will recollect I, in the most frank and candid manner, agreed with you in the justice of your demands, and assured you I would employ my influence with the Council to induce them to give you such an assurance. I however, at the same time, in the most unequivocal language, stated to you, that all that was to be expected from the Council was *the assurance that, from the annuity paid for your Museum, and from the fees paid for attendance on your lectures by the students*, your income should at least amount to 1000l. That if from these sources this sum was not obtained, the deficit should be made good by the Council. If such an arrangement had been made you had the security of receiving an ample revenue to meet your family expenditure, as all the expenses of teaching would likewise be defrayed by the University; and at the same time there was no limit to which your income might not by your exertions be increased, you receiving all the fees, though they might double or treble the income insured to you. I repeat all I ever contemplated, as your demand, was, that, on coming to London, you should have *assured*, not given as *salary*, 1000l. *per ann.* Indeed it is quite evident, if you refer to the letter of your appointment, that the Council never contemplated giving large salaries; for it is there, as far as I recollect, expressly stated, “that the Council would *assure* you 300l. *per ann.* although they had no doubt your fees would greatly exceed that sum.”

Now, from your letter received to-day, it appears you require, first, 1000l. *per ann.* as salary; secondly, an assurance of at least 500l. *per ann.* from the fees of the students; and thirdly, the interest on 8 or 9000l. sterling (say 8000l.) at 4 per cent., which is 320l. *per ann.* You will therefore observe you require as a *minimum*, the assurance, not of 1000l. *per ann.*, but of 1820l. But not only so—as the fees, to which there is to be no limit, form only 500l. of this income—you would continue to draw from the treasury of the Univer-

sity the immense sum of 1320l., even should you be in the receipt of several thousands from the fees of your Lectures.

I hope I have misunderstood your letter; for if I understand its contents correctly, and if they be such as I have stated above, I feel quite satisfied they will not be complied with by the Council of the University, and consequently I shall not have the satisfaction of having, as a colleague, a person I estimate so sincerely. The utmost I could expect the Council to do, even to secure your valuable services, would be to insure you, from the profits of your Professorship, 1000l. *per ann.* I have very little doubt that your income would soon double this amount, but I would at the same time observe that this is only my view of the subject, and I may be sanguine. One thing is, however, certain—in this view I am not singular; and so cheering are the prospects of the University, that she can command the highest talents at home *without giving any assurance of income.* Indeed several gentlemen have given up very valuable appointments, and accepted of chairs, without any guarantee as to the amount of their incomes.—I then go on to mention the names of these gentlemen, which it is unnecessary to repeat here, and then add, in speaking of the very large income I had as Professor of Anatomy in the University of Maryland, “that I would cheerfully have given it up, on simply receiving the Professorship WITHOUT ANY ASSURANCE OF INCOME.”

There is another point stated in your letter which I must refer to. You observe—the *collection, although disposed of to the University on the terms you mention, must still only be used by yourself.* This I am perfectly satisfied will never be agreed to. Indeed, could the most splendid collection in Europe be obtained by the University, on the terms that it was only to be employed by one Professor, it would not be accepted. The Libraries, the Museums, in a word every thing belonging to the University of London, must be open to the use, at discretion, of all the Professors: at least this is my view of the matter. But here I would again beg leave to remark that, in relation to this subject, and all the others on which I may have spoken or written, I am to be considered as having merely ex-

pressed my private and individual sentiments.

I shall send your letter to the Council, and they will, on my return to London, answer officially its contents.

I shall leave this next Sunday for Hamburg, and should be glad to hear from you before my departure whether I have understood correctly the contents of your letter. I remain, my dear Sir,

Yours faithfully,

GRANVILLE SHARP PATTISON.

Herrn Professor Meckel, Halle.”

The above letter most satisfactorily proves, 1st. The truth of the account which I have given of what passed between Professor Meckel and myself during my visit to Halle; for as it was addressed to himself, *a few days after I had left him*, if I had made any statement in it which was not strictly true he could have contradicted it. 2d. It shows that I had informed the professor that other gentlemen, who had been appointed to the University, had given up valuable situations to accept of their appointments. 3d. It contradicts most positively the assertion that I had “been explicit in the sum I had guaranteed to myself;” and, lastly, it proves that the letters addressed to him by the “person deputed by the Council,” (for I only wrote him another), were not of a character “*to compel him from regard to his own respectability to leave them unanswered.*”

I am now led to state the nature of the negotiations with Professor Soemmerring. But as the charge, although Dr. Granville wishes to make it appear a very serious one, only amounts to this, that the venerable and excellent Professor of Frankfort asked more for his museum than the Council of the University felt themselves, under present circumstances, warranted in paying, no defence is requisite. The doctor tells us that when he learnt that the “deputed person” had been to see it, his “heart misgave him,” and he concludes by saying to himself, *alas! alas! an evil star presided at the birth of the London University.* The facts of the transaction are shortly as follow: after I had examined the beautiful collection of Professor Soemmerring, I requested that very distinguished gentleman to name the price he would expect for it. He informed me that Walther had been paid by the

Prussian Government 100,000 thaler for his museum, and that he would expect as much for his. This I at once told him was much more than the Council of the London University would think of giving; that I had been informed by a gentleman who had visited him, that he thought his collection could be purchased for about 3000l. sterling, and that it was in this belief I had visited Frankfort. After this conversation I remained for some days in that city, and before I left it Professor Soemmerring lowered his price to 6000l. He has since offered his museum for 4000l. The whole offence of the Council is, therefore, simply this: they have not consented to give the price asked for Professor Soemmerring's museum; whilst their zeal in promoting the interests of the University, of which they are the guardians, must certainly be praised, when even this accusation against them only proves that, having heard that the museum of the celebrated Professor of Munich was in the market, they immediately dispatched one of their Professors to ascertain whether it could be obtained for the price they considered themselves warranted, in the present state of the institution, to expend on the purchase.

Dr. Granville remarks, in concluding his account of these transactions, "my statement is made up of *facts of which I have a certain knowledge*; and of reports, for the correctness of which I can vouch." "*As a faithful historian*," it is lamentable to think he did not take a little more pains to inform himself of the truth, the more especially as the sources of information were open to him. If he has not been more anxious to be correctly informed as to the other parts of his narrative, his book will be a very worthless one. To prove how very careless he has been in inquiring after the truth, or, speaking more correctly, how determined he has been to shut his eyes to it, I shall merely instance one example. He states that "an agreement has been entered into for the purchase of an anatomical collection for the University at the expense of *eight hundred pounds, made on purpose*," by one of the Professors, and that this collection consists of only "*a few hundred ordinary specimens*." Now the fact is, and of this Dr. Granville, who was in habits of daily intercourse with one of the Pro-

fessors, could have easily informed himself; 1st. That not 800l. but more than three times that sum, has been expended in the purchase of an anatomical museum; 2dly. That it was *not made on purpose* by one of the Professors; and, lastly, that it contains not a few hundred but above 2000 preparations. So much for Dr. Granville's facts. A little indulgence ought, however, to be extended to him for the erroneous account which he here gives of the museum of the University, for it enables him to introduce this valuable *note* for the information of the "*non-medical public*." "I have, I believe, seen as many anatomical preparations in this or any other country as the most experienced of the persons can boast of. It has fallen to my lot, also, to work for years with some of the most eminent anatomists of the age. I have myself formed a small collection of delicate preparations, many of which are in progress of being engraved," &c. &c. But I need quote no more; enough has been extracted to satisfy general readers of what Dr. Granville wishes to convince them—viz. that he is not only the first of *men-midwives*, but likewise the most learned anatomist and pathologist of the age. The profession know him too well to require any certificate from himself as to his character.

In conclusion, I shall only observe that a more unprovoked attack on character was never made than that which is contained in the publication of Dr. Granville. He writes me to assure me of his "*regard*" after the book is published; but, although living within a few hundred yards of my dwelling, and in the almost daily habit of meeting me for more than nine months, after he says he heard so unfavourable an account of my conduct from Meckel, the first opportunity he gives me of vindicating myself is by publishing, in a *popular work*, these gross mis-statements. One object of the attack he considers as praiseworthy; "it is that of affording an opportunity for explanation." With this I hope most sincerely he will be gratified.

DR. GRANVILLE'S NOTE TO MR.
PATTISON.

Grafton Street, 27th August, 1828.

Dear Sir,

I think it necessary, considering our acquaintance, to apprise you, that in

giving an account of my interviews with Meckel and Soemmerring in January last, which will be found in the second volume of my work just published on "St. Petersburg," I have had occasion to relate somewhat at length the nature and grounds of their late negotiations (and failures) with the University of London; and that in reporting their opinion, and in some points even their own words, I have found it impossible not to allude to your mission or visit to them. This, however, I have endeavoured to do without prejudging the question, and also without mentioning you by name. As the latter circumstance was the only one in the narrative which was left to my discretion as a faithful historian, I trust that by adhering to it I have evinced the regard of,

Dear Sir,

Your faithful Servant,

(Signed) A. B. GRANVILLE.

Granville Pattison, Esq. Professor
of Anatomy in the University of
London.

MR. PATTISON'S ANSWER.

8, Old Burlington Street,
August 28th, 1828.

Dear Sir,

In reply to your note of yesterday I have only to say, that as I am persuaded you would be very sorry to publish any statement which is incorrect, I think you had better, before you give to the public Meckel's and Soemmerring's account of their negotiations with the University of London, see the warden, who I am sure will be most happy to open to your inspection the correspondence which passed between those gentlemen, and the Council, and myself. Whoever reads this must be convinced that the conduct pursued by the Council was most open, liberal, and honourable. From the tone of your note it would appear that the representations of these transactions you have obtained in Germany are different; and if the statements you have received are false, I again repeat, that I should think you would be much distressed, as "*a faithful historian*," in giving currency to them.

I ever am, dear Sir,

Yours faithfully,

GRANVILLE SHARP PATTISON.

Dr. Granville,
Grafton Street, Bond Street.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

EPIDEMIC PREVAILING IN PARIS.

At a recent meeting of the Royal Academy of Medicine, Paris, M. Chomel called the attention of the Academy to a disease at present reigning in that capital, the forms and characters of which, from their novelty, deserve to be studied in an especial manner. This disease appears to invade at the same time the digestive organs and the locomotive powers, the skin and its dependencies. With regard to the former, the symptoms are those of gastro-intestinal irritation; wandering pains in the limbs, incapacity to move, together with a complete inertia, characterise the disease when attacking either the upper or lower limbs. But the most singular symptoms are those affecting the skin: in some people it assumes a blackish colour, in others it becomes considerably thickened; it rises in hard and large patches, principally in the palms of the hands and on the soles of the feet; the nails also undergo various alterations. As yet this disease has been confined to the Faubourg St. Germain. About thirty individuals have been attacked with it in the Hospital of St. Theresa, in the Rue d'Enfer: many residing in La Rue des Petits Augustins have also been attacked by it. M. Coutanceau has a case under his care at the Hospital of Val-de-Grace, and many have presented themselves at La Charité. It is not yet known whether it is to be found on the right bank of the Seine; however M. Nacquart mentions the case of a labouring man in the quarter St. Denis or St. Martin whose malady bears some analogy to that above-mentioned. It does not appear to be dangerous, or that many persons have died of it: its nature is not yet declared. The Academy have nominated a commission, which will visit the place where it is to be found, and study it carefully.

La Clinique.

NYPHOMANIA CURED BY CAUTERIZATION WITH NITRATE OF SILVER.

M. Ozanam, of Lyons, transmitted lately to the Royal Academy of Medicine, a case of nymphomania in a woman 30 years of age, who having miscarried

three successive times, towards the fifth or sixth months of her pregnancy, was seized with a violent attack of furor uterinus. Her husband refusing to satisfy her inordinate desires, she gave herself up to continual masturbation. Some general remedies for a time calmed the violence of the attack, but it soon returned. M. Ozanam was consulted, and found the external parts of a burning heat, the labia tumefied and red, the clitoris about an inch in length and very hard. The nymphæ were also swollen, with small ulcerations on their internal surface; these were touched with a solution of lunar caustic in water* for two or three days, and afterwards with the caustic itself; she was also kept to a very rigid diet. After the fourth application the inflammation of the parts had almost disappeared, and the patient was nearly cured.—*La Clinique*.

PRIZE PROPOSED BY THE MEDICAL SOCIETY OF BRUSSELS FOR THE YEAR 1829.

To indicate the state of medicine at the close of the 18th century, and to describe the progress it has made in practice to the present time.

The prize is a gold medal, of the value of 400 francs.

The memoirs, written in Latin, French, or Dutch, must be sent (post paid), before the 1st of August, 1829, to Dr. Viëtor J. Wyterkoseven, Secretary of the Society, Rue Winket, No. 1235. The Society only receives memoirs that have not been published, and its own members are excluded from the competition.

OINTMENT USED BY M. DUPUYTREN IN CHRONIC GLANDULAR ENLARGEMENTS.

Double mercurial ointment, 94 parts. Muriate of ammonia, 6 parts.

The ointment to be rubbed upon the swelling.

LIABILITY OF THE MERCURY IN HYDR. C. CRETA TO SEPARATE IN A METALLIC FORM.

In four drachms of hydrargyrum c. Creta, the remains of four ounces which had been purchased at Apothecaries' Hall twelve months previously, were

found two drachms and a half of metallic mercury.—*Med. & Surg. Journal*.

NEW PREPARATION OF MAGNESIA.

A preparation of magnesia, called concentrated magnesia, is being introduced into London; it is said to be prepared by precipitating the magnesia from the solution of its sulphate by means of pure potass and immediately drying it, by which process pure magnesia is procured by a shorter method than that hitherto employed, and has the advantageous property of occupying much less space than magnesia in common use; it is at the same time more convenient, being without that exceeding lightness possessed by the old forms.—*Ibid*.

WHITE CATS WITH BLUE EYES ALWAYS DEAF.

This curious fact was mentioned in our first number. It has been confirmed by Mr. Bice, who states that a white cat, of the Persian kind, was kept in his family, and that she was quite deaf. She produced, at various times, many litters of kittens, of which, generally, some were quite white, others more or less mottled, tabby, &c. But the extraordinary circumstance is, that of the offspring produced at one and the same birth, such as, like the mother, were entirely white, were, like her, invariably deaf; while those that had the least speck of colour on their fur as invariably possessed the usual faculty of hearing.—*Magazine of Natural History, No. II.*

LITERARY ANNOUNCEMENTS.

Mr. Amesbury has in the press a work on the Treatment of Fractures, in which he has shewn that the common opinion entertained, that fractures of the *neck of the thigh-bone cannot be united*, is erroneous. He has detailed his mode of treating these cases so as to restore to the patient the natural powers of the limb without deformity. The work will be published in a few days, by T. and G. Underwood, Fleet-Street, in 1 vol. 8vo.

KING'S COLLEGE.—The "First Book for the Instruction of the Students" is just published, by Order of the Committee, price 2s.

NOTICES.

We shall be happy to hear again from "W. W." in the way he proposes. He will perceive that it was not necessary to suppress the names.

* The strength of the solution is not mentioned.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 44.]

SATURDAY, OCTOBER 4, 1828.

[Vol. II.

ESSAYS ON SYPHILIS.

BY JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 488.]

Of the Nature and Effects of the Syphilitic Poison.

MR. JESSE FOOT, in treating this subject, makes use also of the following decisive language:—"Those who doubt that a virulent gonorrhœa is the venereal poison acting locally on a mucous membrane, might also doubt that it is produced in consequence of a connexion between a diseased person and a sound one; or in consequence of the infecting fluid being conveyed from a diseased subject and lodged on a mucous surface of a sound subject, so as to take effect;" and then he adds, in his own peculiar style, "gonorrhœa and chancre *are* both the result of venereal poison, acting upon parts under different modifications; the cause of both symptoms is the same, and the effects will be according to the anatomical structure of the parts. Venereal fluid applied to the urethra produces a discharge of mucus; that fluid lodged on the cutis produces a chancre." So far for his assertions: he afterwards renews the subject in a more argumentative manner, and says—"It has been a question of late years whether the infecting discharge from the urethra is capable of producing a chancre on *another subject*, or whether chanceroous matter is capable of producing gonorrhœa on *another subject*—whether these two symptoms be produced by the same virus, acting upon different parts. By those who have doubted they were the

same, gonorrhœal fluid has been applied to the cuticle and cutis, for the purpose of proving whether chancre could be produced from it or not; and the matter of chancre has been applied to mucous parts, for the purpose of proving whether gonorrhœa could be so produced. When this experiment was made by one person it succeeded, and when it was made by another it failed; a third person, who was apprised of the two former experiments, still doubts whether the point in question is clear or not, and therefore thinks that the fact, to be clearly established, wants stronger confirmation. We are not told by them whether the experiments were made on the same subject or another. It should not be forgotten (he continues) that a fact may fail to be proved through an error in the experiment: in this question the truth could be well ascertained if one experiment succeeded out of an hundred. A man, for instance, may deny that a single ball discharged from a gun will kill a bird flying, and the trial might be made by a bad shot at least a thousand times without success; therefore, if the experiment has once been found successful, all contest upon the question must be at an end, if you really give credit to the person who made it." Mr. Foot here takes occasion to lament that instead of making experiments the natural order of the phenomena had not been watched carefully; and he asks, "Is it impossible to examine a woman who, from a natural connexion, has infected a man, and from that examination to decide whether she infected him from a gonorrhœa or a chancre? Is there any difficulty in discovering a chancre if she has one; and if she has no chancre,

must not such infection have been from gonorrhœa?" Mr. Foot is, however, too candid a writer to overlook the strongest objection to this belief, and he states it fairly in these words:—"One reason, and I think upon the face of it the most plausible of all others, why the fluid of chancre and gonorrhœa may be said not to be the same, is, that a man may have a gonorrhœa without a chancre, and a chancre without a gonorrhœa; for if both fluids possess the same virus, how happens it that chancres do not inevitably accompany gonorrhœa, and gonorrhœa chancres, on the same subject?" His answer to this objection is, first, that the order of the appearance of the symptoms differs materially—that gonorrhœa will most readily take place, then sores on the frænum and under part of the prepuce, and afterwards, but more rarely, on the body of the penis itself, and this is owing to the different construction of the parts; from hence he infers that as the urethra is most likely to be affected by any stimulus, therefore, in the latter stages of a gonorrhœa, the male urethra will be likely to be acted upon by it, when other parts would not. This he offers as one reason, and another he deduces from the greater probability of the virus being undisturbed in that situation. His third argument is derived from the greater or less susceptibility in the constitution of the person to whom the virus is applied.

On examining the work of Swediaur, we also find him very decided in advocating this side of the question; and I shall next present you with a compressed account of what he has urged in support of it. I will not apologise for these numerous quotations, because the nature of the inquiry is necessarily intricate: the accounts are very contradictory as given by different authors, and it is a question both curious and important. Swediaur declares that he has seen several examples of ulcers in the throat, and other evident symptoms of lues appearing, in consequence of a blenorrhagia, without there having been the least appearance of chancres either on the thighs or genital parts. These accidents, according to his observation, are generally observed after blenorrhagias which have been more violent than usual, and for this reason the general infection of the

body occurs more frequently in the female than the male; and he declares that he has treated many women who, without ever having had chancres, have had, in consequence of severe blenorrhagias, ulcers of the tonsils and other syphilitic symptoms, and have been cured by the use of mercury: he has also seen the same happen to men. I know many cases, he goes on to say, where patients affected with a blenorrhagia without any ulcer communicated chancres, and reciprocally. It happens, unfortunately, that a prostitute gives one man a clap, another chancres, and a third both at once. Another fact also strengthens this belief: if a man, having a blenorrhagia, does not keep the glans and prepuce very clean, it often happens, even after the discharge is considerably diminished, that chancres come on, which at length produce buboes, and other syphilitic symptoms; and, finally, he appeals to a direct experiment of Dr. Harrison, who, having introduced into the urethra matter taken from a syphilitic ulcer in the glans, by this means produced a blenorrhagia.

Thus far Dr. Swediaur's facts go to establish this position, and he next endeavours to explain why it is that mercury is not necessary for the cure of a clap, and how it happens that secondary symptoms so seldom follow this form of the complaint; this he believes to be owing to the structure of the parts, as well as to the internal surface of the canal being defended by a quantity of mucus, by which the virus is much diluted. The sides of the urethra are defended, and consequently the formation of an ulcer prevented; he might also have added that nine cases out of ten of discharge from the urethra are not really cases of syphilitic gonorrhœa.

Both Vigarous and Lagneau, men of extensive experience and careful observation, relate cases which have come under their observation tending to confirm the above arguments; the former mentions an instance in which six Frenchmen had connexion with one woman, one after the other; the first and fourth had chancres and buboes, the second and third had gonorrhœas, the fifth chancre, and the sixth bubo only. Lagneau expresses his belief that in the majority of instances the virus of gonorrhœa is the same as that of syphilis; and, finally, Dr. Hennen relates a

case in which three men had connexion with the same woman within an hour; the first escaped, the second had chancres, the third gonorrhœa: one circumstance, however, certainly detracts from the merit and conclusiveness of these cases; it is not clearly ascertained that the women were affected either with chancre solely, or gonorrhœa solely. In corroboration of what I have already urged I would beg to point out a passage from Mr. Evan's pamphlet, in which he informs us that at an inspection which he attended at Valanciennes, out of an hundred women who were examined there were only two with ulcerations; and in the Departmental Hospital at Lille, also, out of upwards of an hundred women which it contained when he visited it there were only three cases of sore of that kind which he denominates *venerola vulgaris*; gonorrhœa, excoriation, &c. composed the remainder; and yet the military hospitals presented their usual number of men affected by ulcerations.

So far, then, on the affirmative side of the question. Now, to rebut the above strong chain of evidence, we have only the experiments of Mr. Bell; and, as I before observed, if they were twice as numerous they are not sufficient to overthrow the positive testimony of so many writers of credit and authority; because, as it is fully admitted that a gonorrhœa may be produced quite independently of syphilitic virus, we cannot be sure that Mr. Bell's experiments were made with that species of the disease, so that a large number of negative proofs never can overcome the evidence of one positive proof in this enquiry. Mr. Bell's first experiment was made by taking some of the matter of chancre upon a probe and applying it within the urethra; and for eight days no uneasiness was produced, but at the end of that time it was discovered that a sore was established in the urethra, followed soon after by another on the opposite side of the canal, both of which were cured by mercury.

The second experiment was made by introducing some gonorrhœal matter between the prepuce and the glans: in a couple of days some inflammation was produced, but it disappeared in a short time: this experiment was repeated with the same result. Two medical students undertook the following experiments: a small dossil of lint, soak-

ed in gonorrhœal matter, was by each of them inserted between the prepuce and glans, and allowed to remain there for twenty-four hours; in one case inflammation ensued, followed by what is called gonorrhœa spuria, or external gonorrhœa; in the second case slight inflammation took place, but the matter found its way to the urethra and gonorrhœa ensued, so that this experiment is altogether nugatory. In the next experiment the matter of gonorrhœa was inserted by a lancet between the skin of the prepuce and into the glans, but after three trials no chancre was produced; and, lastly, the matter of a chancre was introduced upon the point of a probe about a quarter of an inch into the urethra; no gonorrhœa took place, but in five or six days a painful chancre was perceived, followed by a bubo and a train of constitutional symptoms. I need not here recapitulate what I have before said in alluding to these discordant accounts: it is not by experiments upon so limited a scale that this point can be determined; and I must again repeat, that although there are some circumstances which, according to the views I entertain, are not clearly explainable, that upon the whole the presumption in favour of the identity, *not of all gonorrhœas*, but of one species with the matter of syphilis, is very strong indeed, and is confirmed fully by my own experience, which in this respect agrees with that of Mr. Carmichael; and this may possibly have been one of the reasons which induced that gentleman to look for a multiplicity of venereal poisons.

Many writers have endeavoured to distinguish the syphilitic gonorrhœa from those arising from other causes; and Swediaur has enumerated no less than eight species of the disease: among these he mentions a scorbutic gonorrhœa, which he considers to be the same complaint mentioned by Moses in the 15th chapter of Leviticus; and which is called, in the older translations of the Bible, "the running of the veins." The fact may possibly be as he conjectures; at any rate there can be but little doubt that some kind of discharge from the urethra was implied by the passage above-mentioned. In addition to this species, the same author speaks of a gouty and rheumatic gonorrhœa, one also arising from acrid substances taken internally, from some

mechanical violence in coition, or from an attack of hæmorrhoids. Among the substances accused of having the property of sometimes producing the disease, a German writer mentions guaiacum taken in large doses internally. The fact may be so, but we have no cases in this country to corroborate such an opinion; and we generally seek out other causes more common, and more in the course of nature.

You will perceive that this enumeration of species cannot be very useful practically; but there is certainly one advantage in making such distinctions: by recollecting the various causes which may produce the disease, we may often be induced to give a cautious opinion, and occasionally be able to save a patient from much uneasiness, or even from infamy or ruin; above all, we should not forget that female children even are sometimes affected with a severe discharge from the pudenda, which is very obstinate, being usually accompanied by other strumous or cachectic symptoms. Hence, then, it is very important to take every collateral circumstance into consideration in pronouncing upon the nature of a discharge; since it has happened that a suspicion of this disease has been made the ground of accusation against many individuals very unjustly.

In the instance of adults of either sex, it is, however, obviously impossible in every case, or, indeed, in most cases, to form an opinion as to what discharges may be followed by after consequences, or to distinguish them from those that will not: the mere intensity of the symptoms is not always a safe criterion to judge by. All then that we are enabled with certainty to say is this, that it is possible to pronounce on many occasions that a gonorrhœa is not venereal: thus, for example—if a discharge came on a few hours only after connexion, if it has continued several days without inflammatory symptoms, if the patient has been liable to some discharge after any excess either of venery or of wine—in all such cases the probability is that the patient labours under some other diseased condition of the urethra, and that, though the intercourse of the sexes may have been the exciting cause, still there may be no imputation upon the cleanliness of the female.

We are now prepared to enter into

a description of the symptoms of gonorrhœa, of those diseases to which it often gives rise, and the mode of treating them.

Of the Symptoms of Gonorrhœa.

The first intimation of the approach of this disease is a sensation of titillation and itching in the urethra, at no great distance from the orifice, which in the course of a few hours, or a day or two, is followed by a little puffiness or tumefaction of that part, which also appears red and inflamed; to this succeeds a discharge of a light yellowish coloured mucus, which daily becomes thicker, and often assumes a greenish hue. In the meantime, that sensation which was at first only an itching soon amounts to a painful sense of burning after passing the urine; and this continues for a greater or less space of time, depending upon the intensity of the symptoms. The patient at night especially suffers greatly from frequent and painful erections, and if the inflammation becomes still more violent the symptom called chordee takes place; even in the day-time the disposition to painful erections often continues, and the penis is altogether tumid and tender, more especially the glans, which assumes a deep-red colour. At this period the discharge is generally very considerable; the pain in passing the water is acute, the glands in the groin frequently become tender and enlarged, and occasionally the inflammation is extended along the urethra to the membranous portion, sometimes even to the bladder itself. Such is usually the progression of the symptoms of this painful disease until it reaches its acmé, and the explanation of them all must be sought for in the peculiar structure and functions of the part affected: they arise from an active inflammation of a mucous membrane in a part whose functions are complicated. Mr. Hunter believed that the inflammation in the urethra did not extend beyond one inch and a half from its orifice, which he called the specific distance. I need scarcely observe that there is no just reason for limiting it to that precise extent, and that the quantity of inflammation varies in almost every individual. Nevertheless, it is asserted in some German authors of recent date that the true seat of the venereal gonorrhœa is in the mucous glands of Morgagni, which are situ-

ated immediately under the frænum; and Swediaur, who himself mentions this, believes that the disease does not usually extend farther, excepting in consequence of bad treatment on the part of the surgeon, or of indiscretion on that of the patient. Great contests have also existed as to whether the matter secreted be pus or mucus; but to what purpose are these discussions? The discharge is similar to that which is always afforded by mucous membranes in a state of inflammation; it is independent of any breach of surface. For many years, indeed, gonorrhœa was believed to be what its name implies—a discharge of semen; nor was it until Mr. Sharpe demonstrated the possibility of the formation of pus, without a previous breach of surface, that it began to be suspected that the discharge might not proceed from ulcerations in the canal. Since his work was published in 1753, this fact has become universally acknowledged; and we are not now, perhaps, sufficiently alive to the possibility of an ulcer occasionally occupying this situation in conjunction with an inflamed condition of the membrane itself. However, it must be recollected that this increased secretion is poured out from the mucous glands of the part as well as from the general surface of the membrane itself. The chordee is a symptom usually felt only when the inflammation runs high, and is caused by its affecting the corpus spongiosum urethræ; in consequence of which an extravasation of coagulable lymph into its cells takes place, which uniting them together, destroys its power of distension; and, therefore, a curvature takes place, the glans being drawn downwards by the frænum. In some instances the distension of the corpora cavernosa is so great that either the frænum is ruptured, or some blood-vessel gives way in the urethra itself; in either case the hæmorrhage which ensues contributes to mitigate the symptoms. The difficulty in making water, the smallness of the stream, its occasional bifurcation or scattering, all denote a greater or less degree of the inflammatory symptoms; the dimensions of the canal being lessened by the general thickening of the membrane, as well as by the enlargement of the mucous glands, and of those called Cowper's. The enlargement of the inguinal glands would appear to be the

direct effect of irritation, and it is observed that in this disease they very seldom proceed to suppuration. In those persons who have the prepuce very long, an œdematous swelling of that part sometimes takes place, which puts on a semi-transparent shining appearance, and this is called a chrystal-line. Occasionally, also, matter is secreted in great quantity between the prepuce and glans, constituting external or spurious gonorrhœa; this may exist by itself; unaccompanied by common gonorrhœa, is the result sometimes of mere want of cleanliness, and wholly independent of sexual intercourse. The inflammatory symptoms of gonorrhœa when they have gone on increasing for eight or ten days usually begin to subside, though in some very severe cases the pain will continue to increase, and is severely felt in the situation of the prostate gland and neck of the bladder. An almost perpetual desire to make water torments the patient, which is passed only a few drops at a time, very often mixed with blood; but in the most aggravated form of the complaint, in addition to these symptoms the discharge appears actually to be arrested by the violence of the inflammatory action; the whole penis is tense, hot, and painful, and the patient can neither sit nor walk without great uneasiness.

The length of time that may elapse between the application of the virus and the breaking out of the discharge varies in different individuals, and under different circumstances; from four days to a week may be considered as the most usual period, but there are not wanting many well-credited histories where the appearance of the discharge was delayed for three or four weeks, or even longer. Mr. Hunter relates a case in which six weeks elapsed before the disease became established. With regard to the possibility of distinguishing this, the syphilitic gonorrhœa, from other discharges which simulate it, I have already spoken; and have only to add, that if the discharge arose within twenty-four hours after connexion, if the running was slight, or the pain in making water trifling, going off again in a few days, I should not hesitate in pronouncing it to be void of venereal infection; by which I mean, simply, that no future ill consequences were to be apprehended from

it, since I am perfectly certain that any form of discharge may be propagated by coition. There are some few symptoms not always, or perhaps generally met with as consequences of gonorrhœa, which it will be necessary to mention; these are phymosis, paraphymosis, hernia humoralis, or swelling of the testicle, and inflammation or enlargement of the prostate gland. The first of these symptoms is not in general a very troublesome symptom in gonorrhœa; it may exist in combination with an œdema of the part which I have before alluded to, or without it. The paraphymosis is the reverse of the former; it is equally the result of inflammation in those who from neglect have suffered the glans to remain uncovered. The prepuce swelling whilst in that situation is incapable of being returned over the glans, and every hour that this condition of the parts is permitted to remain the difficulty is increased, and the result is sometimes an extensive sloughing of the prepuce, by which the stricture upon the glans and body of the penis is relieved. The swelled testicle is a symptom not necessarily belonging to this complaint alone, since it arises from many other causes, but yet it not uncommonly occurs in the progress of a gonorrhœa: one testicle only is affected in most instances, and the tumefaction generally takes place suddenly, and from the most trifling cause, or sometimes, indeed, without our being able to trace it to any error in diet, or exercise on the part of the patient. It most usually comes on when the inflammatory symptoms are beginning to subside, or even later; and its immediate effect is a sudden and almost total stoppage of the discharge from the urethra. The pain commences usually in the epididymis, and from thence spreads to the body of the testicle and the spermatic cord, so that there is often considerable pain felt in the loins, with a considerable accession of febrile heat, and increased arterial action. In violent cases even the stomach sympathises in the attack, and there is both nausea and vomiting. The swelled testicle, however, usually terminates by resolution, and a restoration of the discharge from the urethra is often the precursor, and always the consequence, of its subsidence.

Much has been said by authors of the cause of this symptom: it has been at-

tributed to sympathy, to metastasis, and also to a continuation of the specific action of the virus communicated through the vas deferens. I shall here observe that the first explanation appears to me very untenable; since, as a late writer observes, sympathy implies an affection of one part for the benefit of the other; so that if sympathy were the cause, it should always come on when the urethra is most inflamed; when the scalding and chordee are at their height; and the swelling of the testicle should abate when these abated; but the very reverse of this is the case. It is singular, however, that the acute objector to this theory should have offered one equally exceptionable, and which is contradicted by every day's experience. He affirms, (I speak of Mr. Foot), that the orifices of the vasa deferentia which open into the urethra are shut against the effects of all stimuli, and that it is from accident alone that venereal stimulus can possibly be admitted, but if once it gain admittance, "I am of opinion (he adds) that the venereal stimulus can act as well along the vas deferens; which will proceed to the epididymis, and affect that and the testicle. If virus can pass through lymphatics, in consequence of what is called absorption, there is no difficulty in presuming that it may pass along the vas deferens by capillary attraction; and I am also of opinion, that part of the discharge which follows a swelled testicle, and to which a swelled testicle from a venereal cause owes its restoration to a sound state, flows through the vas deferens, and that it is poured from thence into the urethra. I am also of opinion that when the venereal stimulus gains admittance within the orifice of the vas deferens, the progress of the inflammatory symptoms is as slow there as it is through the urethra after gonorrhœal infection has been first received."

Now I need scarcely point out to you how little we learn from this hypothesis: it does not explain why one testicle only is usually attacked; it throws no light upon the swelling of the testicle that follows upon passing a bougie; and it explains nothing with respect to the coming on of this symptom in cases comparatively slight, where we have no reason to believe that the inflammation extends to the orifice of the vas deferens. We have nothing better to offer in explanation of this symptom than

the word metastasis, which in truth is only changing one word for another, and brings us no nearer to the philosophy of the change than if we merely contented ourselves with the fact that there is a translation of disease from one part to another.

Respecting the more obscure and rarer symptoms of gonorrhœa, such as inflammation of the prostate glands, abscesses formed in the urethra itself, or in one or both of the corpora cavernosa, the former is chiefly marked by a dull and heavy pain in the neighbourhood of the anus, with a sense of weight in that part; and the enlargement of the gland may be detected in some instances by passing the finger into the rectum. The formation of abscess in the urethra is denoted by an increased pain, fixed and circumscribed to one particular spot in the urethra, and there is a good deal of constitutional disturbance accompanying this symptom.

Such are the principal collateral circumstances attending the rise and progress of gonorrhœa when not interfered with by art: a few words, however, are necessary to be said respecting the disease when attacking the female; in that sex it is not by any means so complicated a disease, nor attended with so many troublesome symptoms, as when the male is the sufferer. It has been supposed by many that a gonorrhœa may be entirely confined to the vagina, and that a woman may not be aware that she is infected. This, though it would enable us to explain a few more cases, I should conceive to be a very unlikely circumstance, or at any rate that a woman could not remain in ignorance upon this point for any length of time. The most usual symptoms in the female are, besides those of heat, redness, scalding in the water, and discharge; swellings of the labiæ, nymphæ, and clitoris; and owing to the structure of the parts, and the large surface from which the discharge is poured out, excoriations are also very common: buboes also occasionally arise, and the inflammation may, as in the other sex, extend to the bladder. The discharge is oftentimes very obstinate, and difficult to eradicate entirely; so that it is not an easy matter always to determine when the disease has entirely ceased; for, as Mr. Hunter has truly observed, the appearance of the parts will often give us but very little information; and

hence it is that females are frequently enabled to escape detection when suspected of having communicated the disease. The progress, the symptoms, and their treatment, will form the subject of the ensuing essay; but I trust I shall not be thought needlessly prolix if I recapitulate shortly those reasons which induce me to believe in the existence of a syphilitic form of gonorrhœa. My argument runs thus: from observing the liability of the female to many discharges simulating gonorrhœas, such as may be met with in female infants, and which is so universal in hot climates, and so common also in the male subject, when labouring under stricture or other diseased conditions of the urethra, I concluded that a great majority of those cases usually classed as gonorrhœa were not syphilitic, although produced by connexion. 2dly. That these discharges had been acknowledged from the earliest ages; and, therefore, that the universal belief entertained by medical men in the sixteenth and seventeenth centuries, as to gonorrhœa being the most usual primary symptom of syphilis, arose from their observing that secondary symptoms did actually arise from that cause, and that they therefore came to consider and to treat every discharge from the urethra as venereal; whilst we, who seldom observe these consequences, have gone into the opposite extreme, and now deny that gonorrhœa ever leads to secondary symptoms at all. 3dly. I appealed to direct experiment, proving that the matter from chancre had produced gonorrhœa, and *vice versâ*; and provided we can believe that such an occurrence has once taken place the dispute is settled, since the chances of making those experiments with matter not syphilitic are so numerous that I should not be shaken from my opinion merely by the negative result of a given number of failures. 4thly. That as far as inspection can warrant the conclusion, secondary symptoms have arisen in cases where no detectable breach of surface has existed in the female. 5thly. That numerous histories are given wherein men connected with the same woman have had in one instance ulcerations; in a second, merely a discharge; and, lastly, that in my own practice I have seen more than one unequivocal example of ulcers in the throat, eruptions on the skin, ophthalmia, and even affec-

tions of the periosteum, following gonorrhœa only. But still I do not advocate the use of mercury in any form of that disease, because I know that it does not exert any specific influence over the symptoms; and that as we cannot detect one species of gonorrhœa from another by any visible circumstance, all we have to do is to reserve our mercurial treatment for those cases where secondary symptoms do arise, and that we are not to shut our eyes to their real nature because we cannot trace them to some form of primary ulceration.

[To be continued.]

PHYSIOLOGICAL MEMOIR ON THE BRAIN.

BY M. MAGENDIE.

Read before the Royal Academy of Science,
June 16, 1828.

SINCE the blind respect which the ancients entertained for the dead has given place to an ardent desire to become acquainted with the organization of the animal frame, anatomical science has been elevated to a higher degree of perfection by the successive labours of eminent men. Anatomists now, who in their ardour still hope to find some part not observed before, some structure yet undescribed, are fain to proceed microscope in hand. This circumstance alone suffices to shew the perfection at which the topography of the human body has arrived.

The investigations which I have long pursued, with regard to the nervous system, have led to my discovering a new element of our organization—not one of those which requires minute research to be detected: on the contrary, the element of which I speak is so apparent, that it has only escaped heretofore from the belief that no part of the body, however minute, could have escaped the active investigations of anatomists.

I have ascertained that there exists, in the cavity of the cranium and spine, a liquid, in the midst of which is immersed the brain, spinal marrow, and origins of all the nerves. This liquid, which belongs to the most perfect state of health, and the quantity of which extends to several ounces, is too obvious not to have been noticed and even

mentioned in several works; but then its presence was attributed either to disease or to changes which had occurred after death. You may conceive my satisfaction on determining so important a fact. A host of conjectures presented themselves to my mind:—was this liquid the *animal spirits* of ancient writers—the *nervous fluid* of which certain physiologists still speak? Doubtless had the discovery been made some fifty years ago, we should have had a brilliant hypothesis founded upon it: but such is not now the progress of science—experience is preferred to the most ingenious systems; and some observations on nature, and some experiments, are all that this memoir will contain.

It was necessary to begin by naming my liquid—for a name is a great matter even in anatomy. I called it the *cephalo-spinal*, or *cephalo-rachidian*, because it is found both in the head and cavity of the spine. I next had to determine the exact quantity, and I ascertained that, in an adult man of middle stature, and in the enjoyment of all his faculties, moral and physical, there were about three ounces; in women, under like circumstances, the quantity is greater. It will be seen by-and-by that this is no advantage. In old persons the quantity of the liquid is still more considerable, and may extend even to six or seven ounces; but then the faculties, both of body and mind, are generally much impaired.

The situation occupied by this fluid is worthy of remark: it forms round the brain and spinal marrow a layer of different thickness at different points; at the neck it is four or five lines; at the loins it is more than an inch; in the brain generally one or two lines, but in certain situations and certain cases nearly an inch. Do not these facts militate strongly against a famous system in which it is pretended to determine the most minute circumstances concerning the volume and conformation of the brain by the formation of the skull? If there exists, as cannot be doubted, a layer of fluid between the cranium and the brain, and if this layer may have several lines in thickness, how can we judge of the dimensions of the brain by those of the cranium?—and how be sure that the elevations or depressions of the surface of the head correspond to those of the brain? The study of the layer

of this which covers the brain, led me to a singular and very unexpected fact with regard to the volume of this organ.

We look upon the dimensions of the brain as not subject to variation, because we think that it fills exactly the cavity of the cranium, and because we do not see the head become emaciated or plump with the other parts of the body: but nothing is less correct. I ascertained that the brain follows the other organs with regard to the change of its volume.

In all diseases of a certain duration, where the body wastes much, the brain undergoes a similar diminution; and the convalescent who can scarcely walk, and who attributes his weakness to the almost entire disappearance of the muscles of his limbs, might with as much reason attribute his moral weakness to the diminution in the size of the brain. I have ascertained, besides, that in proportion as the wasted limbs regain their former dimensions, the brain also recovers that which it had lost. Thus it appears that one of the uses of the cephalo-spinal liquid is to replace the brain as often as it diminishes in actual volume. It fulfils the same office in the instances of partial diminution, as I was able to determine in individuals who, during many years of their life, had had the arm or leg contracted and immoveable. In this case a fifth or fourth part of one cerebral lobe had disappeared; a large depression had formed on the surface of the organ, and this was occupied by the cerebro-spinal liquid, so that the cranium was always full. After having made out the physical uses of the liquid, I wished to ascertain whether it exercised any influence on life. This could only be done by experiments on the lower animals, which have the cerebro-spinal liquid, but in much less proportion than man. My first trial was upon a fox. He was old and fierce. By means of a little puncture made in the neck he lost all his cerebro-spinal liquid in a few minutes. The effect was very striking. This animal, which had been ferocious but a moment before, became calm all at once; he no longer attempted to bite, and indeed made no movement. Seeing him in this disposition, I made him be set at liberty in the garden; but he lay down on the spot, and did not stir till the next morning.

He then attempted to get up, and in the course of the day made several steps with some confidence. At the end of thirty-six hours he again attempted to bite and to make his escape. I then made a fresh puncture in his neck, and I was able to satisfy myself that the cerebro-spinal liquid had been completely renewed.

These inquiries led me to examine, with more attention than I had previously done, a disease of very young infants, in which a pouch, filled with water, exists at the lower part of the spine, at the place where the natural liquid is in large quantity; and I discovered that the liquid which we regard as the morbid product is nothing more than the natural liquid, which has distended its envelopes and formed a hernia externally. When this bag happens to burst the liquid escapes, and death speedily follows; probably because the aperture remaining open the fluid cannot again collect and protect the brain and spinal marrow by its presence. Thus it appears that in man, as in the lower animals, the contact of this liquid with the surface of the brain is of great importance to the perfection of the nervous functions, and even to life.

But is it merely as a fluid that this is of so much use, or is its functions at all dependent upon its chemical constitution? To determine this question I made an experiment, in which, after having extracted the cerebro-spinal liquid of an animal, I supplied its place with an equal quantity of distilled water at the same temperature, and I found with surprise that the animal became extremely agitated: its movements were perverted—it appeared to have entirely lost its usual instincts and habits. All these phenomena ceased when I allowed the water to escape. To judge if the temperature of the liquid had an effect on the nervous functions, after having allowed the portion which I had previously extracted from the animal to become cold, I re-introduced it into the cavity which it had occupied: immediately the animal was seized with general trembling, analogous to what precedes intermitteut fevers. It is, therefore, not impossible that this experiment may throw some light on the cause of the cold stage in fever.

I conclude from the facts and experiments which I have detailed, and from many others already published, that

the cephalo-spinal liquid influences the functions of the nervous system, first, by its contact with the surface of the brain and spinal marrow; secondly, by its chemical nature; thirdly, by its temperature;—and thus that this liquid must be ranked along with the blood, lymph, &c. from its utility in the animal economy.

But I had a much more important object than that which we have considered: I had to study the influence of this liquid upon the intellectual faculties of man. That I may be the better understood, it is necessary to say a few words on the formation of the brain. This is divided into two portions: one large, and occupying the upper part of the cranium—viz. the *brain* proper; the other small, and placed beneath—viz. the *cerebellum*. The exterior of the brain presents a great number of rounded protuberances, varying in different individuals and separated by furrows. This disposition has led some to believe that the brain is only a large membrane folded upon itself. Numerous cavities are found in the valve of the cerebrum. It is there most probably that some of the mysteries of nervous actions and intellect are accomplished. Can it be believed that these cavities, rendered so important by the phenomena there produced, have been, and still are, denominated *ventricles*—little bellies? Is it not high time to discard this frivolous appellation from the language of anatomy? However this may be, the nomenclature of the parts contained within the cavities of the brain offer this remarkable circumstance—that many of them have names indicative of hydraulic uses: thus we have the terms *aqueduct*, *funnel*, *valve*, and even *bridge*.

Most of these names have descended to us from distant periods, and we are accustomed to look upon them as the remains of some ancient system, which has crumbled beneath the accumulation of time and science. The old physicians believed that the ventricles of the brain were filled with water, which, in certain cases, escaped by the nose: a belief which passed to the vulgar, among whom we still meet with it. These ideas are looked upon as erroneous by modern anatomists, according to whom the ventricles of the brain, in its healthy condition, do not contain any water, but a light and invisible vapour, which they have not hesitated to represent

as the immaterial essence presiding over the acts of intelligence. Nevertheless, when we open the brain we almost always find the ventricles filled with a limpid fluid; but the present doctrine regards this as the product of the disease producing death.

Having acquired the data which I have already mentioned, with regard to the liquid which surrounds the brain and spinal marrow, I have been led to think that the water which is so frequently found in the cerebral cavities might be the same which is found on the surface of the brain; from which it would follow that its presence in the ventricles was natural, according to the opinion of the ancients, and not a morbid product, as is at present supposed.

It will be perceived that, in order to confirm this idea, it was absolutely necessary that there should exist an opening by which a communication might be established between the exterior of the organ and its internal cavities; and yet no such opening was known. I did not, however, despair; and after some researches, made at the termination of certain diseases, I at last found an aperture two or three lines in diameter, completely hidden by a lobe of the *cerebellum*, and forming a true *entrance to the cavities of the brain*. I represented this opening in a fine wax cast which I gave to the academy, and which is now exhibited.

This fact once established, it became mechanically necessary that the cerebro-spinal liquid should enter into the cavities of the brain and fill them, for they communicate with each other. I had no difficulty in verifying this inference in the bodies of persons destroyed by accidents, and which, in fact, shewed me the liquid filling the cerebral cavities, &c.

This discovery gave me the key to the hydraulic nomenclature of which I have spoken. I perceived that these pretended ruins of ancient doctrines were simply the figurative but just designation of an assemblage of organs in full activity, and fulfilling their singular functions in the brain of those very persons who denied their existence. In fact, the *valvula Vieusseni* of the *cerebellum* fulfils, to a certain extent, the office of a valve. The *aqueduct* has really the functions which this name implies, as it transports the liquid from the fourth to the third ventricle;

the infundibulum, or *funnel*, carries it to the pituitary gland; and lastly, the pons, or *bridge*, is really an arcade, placed transversely in the direction which the fluid observes; it is situated, not over, but beneath the current, which it traverses, and, to give an idea of it, I cannot do better than call to mind the gigantic enterprise which is now in progress under the Thames.

This, then, is a complete restoration of the hydraulic apparatus presented by the brain. Without being an exclusive admirer of ancient times, I must remark that, in this instance at least, our predecessors had observed more accurately than we had done. Modern anatomists, however, have this merit—that they respected the names, although they regarded them as false and illegitimate; and in this they were wise, as people sometimes are, without suspecting it.

The liquid which fills this cavity is not in repose; on the contrary, it undergoes constant agitation, by the effect of a kind of flux and reflux resulting from respiration. Thus, at the moment we inhale, the liquid flows out in part from the cerebral cavities and passes into the spinal canal; while, on the other hand, at the moment of expiration the liquid re-enters these cavities, and passes by the conduits above mentioned, particularly the *aqueduct*, which gives passage to the fluid now in one direction and now in the opposite.

The mechanical cause of this flux and reflux is very simple—it depends upon the alternating turgescence of the nerves of the spine under the influence of respiration. This movement of the liquid is arrested, or much retarded, by compressing the abdomen. We may remark that this is one of the effects of girdles, and serves to explain how their use becomes dangerous, or even insupportable, when the pressure is too great.

In studying the passage of the fluid by the aqueduct, I believe I have discovered the probable use of the pineal gland. I look upon it as a *plug* destined to open and shut the aqueduct, over the anterior opening of which it is situated. Two large veins are placed and fixed upon the gland; these vary in size—sometimes they swell greatly, and at others are nearly empty. It is inevitable, from the relative position of the parts, that the moment the veins

swell they must press down the pineal gland; and this cannot yield nor descend without shutting the entrance of the aqueduct to a greater or less extent. Now, as one of the constant effects of crying, of exertion, anger, and all violent passions, is to swell the veins of the head, and particularly those which press upon the pineal gland, it follows that, in these different conditions, the entrance of the fluid into the ventricles is intercepted, or at all events impeded. The use, then, or, more correctly, one of the uses of the pineal gland, would appear to be that of regulating mechanically the flow of the cerebro-spinal liquid through the aqueduct.

Such an investigation was extremely difficult, and if there were some hopes of ascertaining some truths of great interest, the chances of errors were much more numerous. In order to avoid wandering as much as possible, I took two extreme points, reserving the intermediate gradations for future opportunities. I first ascertained the quantity of the cerebro-spinal fluid in persons endowed with reason; secondly, in idiots; and thirdly, in the insane.

In idiots (I speak of those who had accidentally become such, not of idiots from their birth, in whom there exists some vice in the organization of the nervous system) there is a considerable quantity of this fluid: it occupies the surface of the brain, and there forms a thick layer; it distends the cerebral cavities, and displaces all the parts which are to be found there, particularly the pineal gland, which no longer has its natural situation, and thus no longer fulfils the office I attribute to it. The aqueduct, in consequence, presents a considerable enlargement. It is in such cases that we find from six to seven ounces of cerebro-spinal liquid, and the same occurs in the imbecility of old persons.

The insane also have a large quantity of liquid, but it does not accumulate at the surface of the brain. Whatever be the nature of the enlargement, monomania, hallucination, melancholy, &c. the ventricles are always very much distended and enlarged by the fluid, of which three ounces are sometimes found in these cavities alone.

Persons who retain their reason to the time of their death generally have less than an ounce of serosity in the ventricles. Thus it is easy to distin-

guish the brain of a madman, or an idiot, from one which is sound.

I had once to examine the brain of a man of genius who died at an advanced age, but still retaining his faculties entire: the entire quantity of cephalo-spinal liquid did not amount to two ounces, and the cavities of the brain scarcely contained a drachm.

It appears, then, to be established by these general results, that the development of the faculties of the mind is in the inverse ratio of the quantity of cephalo-spinal liquid; and this is, to a certain extent, easily understood, since the volume of the fluid cannot increase but at the expense of the cerebral mass, and, in general, superior intellects are found connected with voluminous and well-developed brains. But those who have a large head and high forehead, and who are disposed to be somewhat vain upon the subject, ought to feel some anxiety about the relative proportion of their cerebro-spinal fluid. I may add, that not only ought this liquid not to be too abundant, but that its movements ought to be free in its channels. I lately found in the brain of an old female singer, who, after a brilliant career on the stage, died idiotic at the Salpetriere, an obliteration of the opening by which the liquid enters the ventricles; and as the brain of this woman presented no other appearance which could explain her mental disease, I am led to regard the above as the cause of her idiotism.

Such are the results of my inquiries, but much is still wanting to complete the history of the cerebro-spinal liquid. I have collected many facts, and believe that I have arrived at many interesting conclusions, but they require to be matured.

[Condensed from the *Journal de Physiologie*.]

ON THE SPECIFIC EFFECT OF ATMOSPHERIC POISON

On various Structures of the Body, as connected with the production of disease—especially fevers.

BY EDWARD SEYMOUR, M.D.

THE theories of the origin of fever have occupied the attention of physicians and men of observation from the earliest

ages, and the opinions formed having been derived from the existing state of knowledge, generally contained within themselves no very unfair estimate of the prevailing philosophy of the period.

It is not the object of the following remarks to remind the reader of the accurate observations of the Greek school, or of the selections, with few additions, made from that school by the Arabian physicians; neither is it necessary to detain him with the errors of the chemists, the mathematicians, the vitalists, and the humoralists, who succeeded them. The eloquence bestowed on these speculations still serves to point out among the surrounding darkness some specimens of laborious investigation, and makes us regret that their authors had not flourished at a period when knowledge had become more matured.

The ancient physicians laboured under great disadvantages with regard to their investigation of the real source of disease, from being prevented examining bodies after death. The religion of Greece and Rome forbade its votaries to violate the sanctity with which it enveloped the remains of the dead; thus the talents of the great and learned men who first studied the science and practised the art of medicine were obliged to seek for the causes of disease in some prevailing system of philosophy, whose principles were believed to influence the groups of symptoms which their accurate observation has so well described.

On the revival of learning, the idolatrous admiration paid to the works of the ancient philosophers, particularly Plato and Aristotle, was of itself a great obstacle to the advancement of the true nature of disease. Scholastic disputations only served to rivet more strongly the fetters of error: and thus we find the points of doctrine which agitated the schools in the sixteenth century now principally subjects for pity or surprise.

The seventeenth and eighteenth centuries present many instances of rare and original research, and anatomy being cultivated with ardour: the appearances of disease after death were minutely described. The sepulchretum of Bonetus, the works of Spigelius and Morgagni, &c. present striking collections of such appearances. But the example was not followed by physicians generally; and we shall find that among

the various epidemic diseases, of which we have histories, in which the symptoms are minutely described, the description of appearances in the bodies of those who died is scarcely ever met with, and the cause of death is not sought for in the lesion of important viscera or the long continued suspension or alteration of important functions by sympathy with the injured part, but in the prevalence of an acid, or an alkali, or the lentor or viscosity of fluids.

The few last years have been devoted by men of science, in the neighbouring countries and our own, to the lesions which are to be observed in the different structures of the human body in those who have died of fever, and the French school of medicine in particular has undergone a most important change since more accurate methods of examining the bodies of those who have died of fever have been adopted.

The generally received opinion of the origin of epidemic fever appears to be that it is the effect of a poison arising from marshes, from the exhalations of filth, crowded bodies, or from a state of the atmosphere, which in warm, moist, or variable seasons, is assimilated to marshy vapour under ordinary circumstances. The explanation of the action of this poison on the human body, and the manner in which it produces its effects, although it has reigned in the schools for more than half a century, appears to be liable to great objections, if not altogether hypothetical, and principally because it was invented by men very partially acquainted with the action of other poisons, and almost entirely ignorant of the appearances which in different epidemics were presented after death.—(Currie's Medical Reports, vol. i. p. 237.)

It appears that the truth may be approached by considering the effects of other poisons on living structures. Poisons destroy life by affecting different parts or structures, and in many instances lesions of such parts are produced, which are the immediate effect of the action of the poison.

“ Dans certain cas (says M. Orfila) le poison est absorbé et porte son action meurtrière sur le cerveau, le cœur, et autres organes. Quelquefois ce sont les membranes de l'estomac corrodées qui agissent sympathiquement sur les organes et suspendent leur fonctions,

sans qu'il y ait lieu absorption. Enfin, dans d'autres circonstances très rares, la mort est la suite de l'inflammation de l'estomac irrité par ses substances vénéneuses.”—*Orfila, Toxicologie, page 16. Vide Mem. de Mons. Segalas, Journ. de Physiologie.*

All poisons appear to be received into the system either through the medium of the nerves or through the circulating system, or through the lymphatics, or by absorption by the lungs.

Of the first we have no direct proof: the rapid and sudden extinction of life, on the immediate application of some poisons to a wound or to the tongue, would imply their transmission through the nerves, but the experiments of physiologists have been unable to demonstrate this. Dr. Barry, well known from his interesting work on circulation and absorption, found by experiment on a living animal that a poison which speedily proved fatal on insertion in a wound, when applied directly to a nerve isolated, was innocuous*.

The absorption of poisons into the system through the medium of the circulation rests on abundant evidence from the experiments of Mr. Brodie and M. Magendie, under circumstances where the agency of the nerves was entirely excluded.—(See Mr. B.'s experiments, *Philosoph. Transactions for 1811.*)

“ I separated (says M. Magendie) from the body the thigh of a dog, previously stupified by opium: the separation was made in such a manner that the thigh communicated with the body only by the crural artery and vein. I introduced into the crural artery a tube of quill, on which I fixed the vessel by two ligatures. The artery was afterwards divided circularly; I did the same by the crural vein: by this means there was no longer any communication between the thigh and the rest of the body, except by means of the arterial blood which flowed to the thigh, and the venous blood which returned to the trunk.”—*M. Magendie, Journ. Physiologie, vol. i.*

Under these circumstances, poison inserted into a wound in the leg of the animal destroyed life in the same manner as when the experiment was

* The same experiment was made by Fontana and Magendie.

conducted under ordinary circumstances. The great rapidity with which absorption by the lungs takes place is a circumstance of ordinary observation, and proved by repeated experiment. Within a very short space of time the vapour of the essential oil of turpentine received into the lungs will shew itself in the urine by the peculiar odour it imparts to that secretion. Mineral and vegetable poisons received into the system in any of these ways appear to extinguish life by acting immediately upon one or more of the different textures of which the body is composed. Thus the woorara poison, and the expressed oil of the *laurus cerasus*, according to the experiments of Mr. Brodie, appear to act immediately on the brain, whence respiration is suspended, and consequently the action of the heart. The *upas antar*, and the juice of tobacco, appear to act immediately on the heart, affecting its contractility, and rendering it insensible to the stimulus of the blood, and thus destroying life.

The *nux vomica*, either applied to a wound or taken into the stomach, appears to exert its poisonous influence on the spinal nerves.

Arsenic, whether received into the stomach or applied to a wound, appears to act immediately on the mucous lining of the stomach and bowels.

Lead exerts its immediate effect on the muscular structures, first altering and afterwards destroying their inherent power of contractility.

Here, then, we have known and acknowledged examples of vegetable or mineral poisons destroying life by acting upon different textures, the phenomena which occur being symptomatic of the injury which that part or power sustains.

The poisons generated by the atmosphere, by the exhalation from marshes, from the effluvia of putrid animal matter, &c. &c. have hitherto been considered to produce their deleterious effects by acting exclusively on the brain and nerves; producing, first, depression of the action of the heart and arteries: re-action succeeds; and during this latter stage injuries of structures, whose integrity is necessary to life, are produced.

This appears to me to be only one of the modes of action, for it is by no means necessary, nor is it pro-

bable, that miasmata generated in the manner related should produce the same poison, or consequently affect the same texture uniformly; and thus we find epidemic fevers in which the poison appears to act directly on the brain, and various effusions in, or lesions of this viscus, are discovered after death. Another condition of the air, affecting principally the fauces, Sniederian membrane, and mucous membrane which lines the bronchial tubes, produces that species of fever called catarrhal.

The effluvia of marshes appear to alter the condition of the brain and nervous system, to impair its functions, producing the different kinds of ague; and it must be observed that the remedies which uniformly relieve this disease are those which diminish the increased sensibility of the nervous system, or change its action;—bark, opium, mineral tonics, or strong moral impressions, as fear, superstition, &c.

There is a large class of fevers, generally of a remittent type, produced by a poison which appears to act directly on the mucous surface of the stomach and intestines, either affecting the glandular structure, producing deep ulcers with a hard elevated edge, occasionally eating their way through the peritoneal coat; and in other cases causing a condition of the vessels of the part ending in sloughing—a condition the very opposite to increased action, and which in other parts of the body has received the name of passive inflammation.

In the various histories which we possess of epidemic sore throat, with or without eruptions, which have appeared in Europe at different times, it must be obvious that the degree of affection of the mucous membrane of the fauces was the measure of the danger of the disease. The poison generated in the atmosphere absorbed into the circulation, produced its specific influence on the mucous membrane of the mouth and fauces, in many cases filling with blood, more or less actively, the capillaries of the cutis. Had the poison generated in the air, and afterwards, rendered more violent, as we know it is, by the exhalation from crowded bodies, affected specifically any other portion of the mucous surface of the interior of the body, it is probable that a thousand vague hypotheses would have been invented to account for the origin of symptoms which

in reality denoted the rapid injury done to an important and highly sensitive portion of the body. Morton, the first English writer on this disease, attaches the whole importance to the injuries of the mucous surface, afterwards spreading to the adjacent glandular structures.

“ Si quando venenum istius modi crisi perfectâ per cuticulam propelli haud potest, tanquam venenum pestilentielle glandulas sponte petit, narium, faucium, inguinum easque inflammat et exulcerat necnon carcinoma, parotides, et bubones, excitat. Quantum tonsillas, uvulam, fauces, nares et quamdiù intumuisse vidi, quam sordidâ scabie obducta ab eâdem causâ animadverti.”—*Morton de Morbillis et Febre Scarlatinâ*, cap. iii. case 2.

In the severe forms of this disease the accompanying fever is of that kind to which Dr. Cullen has assigned the characters of typhus. Here then is an instance of an atmospheric poison acting directly on a mucous membrane producing typhus fever. We have already observed, and shall have occasion to recur to the subject, that atmospheric or marsh miasmata, acting on another portion of the intestinal canal, produces also low fever, with afternoon or evening accessions.

The name typhus fever has been very generally applied, of late years, to designate any fever in which the symptoms at any period assume a low character, without reference to the injury of the viscus or viscera which produces the disease, although daily experience proves that these symptoms arise after manifest injuries of different parts.

A blow is received on the head, by which lesion is produced; an operation according to the circumstances of the case affords relief, but where this relief is either not applied or fails in success, the patient dies with all the symptoms which characterize typhus fever—an extremely quick and feeble pulse, a brown dry tongue, with sordes on the teeth, stupor alternating, with low muttering, delirium, and unconscious evacuations. After amputation, or bleeding, it occasionally happens that a vein inflames: sympathetic changes in the nervous and sanguiferous systems ensue—the same train of symptoms which occurred in the former case follow, and the patient dies. Here, then, the same set of phenomena occur which take place when the poison of the atmosphere, or the

exhalations of marshy or foul districts, attack different structures of the human body—the symptoms, which arise early when the disease proves severe, late when the patient is to recover, still receive the same name of typhus. Is there manifest and early head-ache, with loud delirium, which, when relieved by evacuations, subsides into low muttering, with nervous twitches, great thirst, brown tongue, and trembling throughout the body, the word typhus is used to convey the nature of the fever, although, after death, lymph is found between the membranes, or at the base of the brain, and effusion of fluid in the ventricles. Is an individual attacked with debility, head-ache, and diarrhœa, the abdomen full, and giving obscure sensations of pain, or the recti muscles strongly contracted, giving a sense of great hardness to the touch; the tongue dry and red, or loaded in the middle; flushings of heat, particularly in the evening, at which time the pulse is extremely quick; delirium ensuing in severe cases violent, in long cases much less so, and in some cases absent altogether, according, probably, to the degree of nervous sensibility with which the patient is endowed—do these symptoms continue for a considerable time, when the abdomen is ordinarily more painful on pressure, the tongue dry and brown, and the teeth encrusted, the sphincters relaxed, occasional starting of tendons takes place, and death occurs—still, in the common language of medical men in this country, the word typhus is employed to designate the disease, although, on examination, the whole glandular structure of the small intestines is in a state of fungoid ulceration, and in most cases the brain and its membranes, to whose impaired functions and subsequent lesion the disease in the former case is to be attributed, are to all appearance unimpaired and healthy.

If there were wanting other proofs of the action of atmospheric or animal poisons uniformly on different structures, the consideration of the measles and small-pox would be sufficient to excite reasonable belief of their existence. The severity of the symptoms of measles is in direct proportion to the severity of the inflammation of the membrane which lines the bronchia, nares, and eyelids; an affection of the membrane which covers the body occurring after the first-mentioned symptoms have

commenced, and shewing that to the mucous structure is confined the action of the poison.

In Dr. Home's Clinical Experiments, published 1778, is an account of a dissection, which places the seat of the disease in a very clear point of view.

"When the body was opened, the trachea was found filled with matter of a purulent appearance, but no preternatural membrane or ulceration were seen. The internal membrane of the trachea was much inflamed, but no eruption or pustules were found on it, nor was it preternaturally thickened. On cutting into the substance of the right lobe of the lungs, a considerable quantity of blood flowed from the incised vessels and cellular membranes, and some of the smaller ramifications of the bronchi emitted the same purulent matter before mentioned. On cutting the left lobe the blood-vessels were much less filled with blood, but the smallest visible ramifications of the bronchi seemed every where filled with purulent matter. The lungs had no adhesions, and externally were of a natural colour. About two or three ounces of water were found in the pericardium. Abdominal viscera natural."

It is to be remarked, likewise, that the poison of this disease, as well as of small-pox, whether introduced into the circulation by absorption, by the lungs, or from a wound, acts equally as the known mineral and vegetable poisons on the same structures, and that the symptomatic excitement of the nervous and circulating systems is in exact proportion to the violence of the injury to the structure attacked.

There is another disease which is known to arise in warm and marshy situations, and in rainy seasons in hot climates, and has destroyed by its virulence numerous armies, and depopulated cities—epidemic dysentery. That this disease arises from an atmospheric poison has long been confidently believed; and observation shews that such poison acts directly on the mucous membrane of the large intestines, which, after death, is found covered with innumerable ulcerations. These ulcerations being situated in a portion of the bowels not so immediately connected with the functions of secretion and nutrition as the small intestines, their lesion does not probably give rise to such severe

sympathetic affection of the nervous system as is found to occur frequently when the miasma attacks the latter bowels. (See Sir J. Pringle, Diseases of the Army; Sir G. Baker de Dysentaria Epidemica, 1762; Boneti Sepulchret. art. Dysentaria; Morgagni.)

"There is an old observation," says Sir John Pringle, (Dis. of Army, p. 232,) "that such seasons as produce most flies, caterpillars, and other insects (whose increase depends so much on heat, moisture, and consequently upon corruption), have likewise been the most productive of dysenteries; and, lastly, that the infection is evidently communicated by the fæces of those who are ill, as we have already shewn."

The next passage is a very strong proof of the immediate effect of the miasma on the membrane of the bowels after being absorbed by the lungs and carried into the circulation; but Sir J. Pringle was too much infected with the doctrines of the humoral pathology not to explain it according to such preconceived opinions.

"For the dysentery," he says, "may proceed from two causes, different in appearance, but in effect the same: one from acrimony generated within the body, and the other from foul steams, which, being received into the blood, *act as a ferment*, and suddenly produce the same disorder that arises slowly from an internal cause. A remarkable case once occurred to me of a person seized with true dysentery, by making experiments upon human blood, become putrid by standing some months in a close phial."

It may here be suggested that, if the poison of the atmosphere acts like known animal or vegetable poison upon living structures, it ought to affect all persons equally within its reach, and that its attack should be simultaneous, and nearly equally severe in all cases. On the other hand, that the power of absorption of the same quantities of air, loaded with vapour of different density, is equal in all individuals, must be proved; and next we must remember that there is no law of living matter more certain than the power it possesses of becoming accustomed to external and foreign impressions, and that, indeed, scarcely a better definition of life can be given than the power of the body to remain

unchanged in a temperature raised greatly above, or diminished much below, its natural heat.

On this point it will be well to recal to the reader the remark of Dr. Lind. "Nevertheless," says he, "it is worth observing that, without suffering by it, we may take poison in such quantities as, were we not previously accustomed to it, would be instant death. It is precisely the same with those who constantly reside in countries replete with fenny miasmata: they thereby become so much the less obnoxious to be affected by them. Hence too it is that persons newly arrived from Europe sooner fall sick than those who had been some time in garrison at Calcutta."—(Lind. B. Remitt. Fev. p. 38.)

Again, individuals who are weakened by illness, by large evacuations, or by the constant influence of depressing passions, have been observed to take fever more readily than those who are in robust health, using full diet and constant exercise. These last promote the growth of the body. It is found by the experiments on poisons that their absorption, and in disease the introduction of remedies, is more rapid in debilitated than in robust bodies. This, then, will still further favour the analogy between the effects of known poisons and those believed to exist in the atmosphere.

Proceeding a step farther, we find that there are certain conditions of the body predisposing and even necessary to the reception of epidemic miasmata, but that still these poisons act on one definite structure.

[To be continued.]

DR. GRANVILLE'S REPLY TO MR. PATTISON.

To the Editor of the London Medical Gazette.

SIR,

If every honest man in our profession, who, without having given commensurate provocation, found himself assailed in unbecoming language, were to retort in a similar strain through the Medical Journals, those useful registers of the progress of medicine would soon become mere chroniclers of disgraceful squabbles. It is because I feel how injurious such a course must

prove to the character of the profession at large, as well as to that of a medical publication, that I purposely abstain from noticing in a special manner the rhapsody and vituperation transmitted to you for insertion in the last Medical Gazette, and aimed at me, by Mr. Pattison. As you did me the honour to quote from the work on "St. Petersburg" the passages which seem to have moved Mr. Pattison's ire, you can state whether you found in those passages a single injurious word or sentiment of my own concerning that gentleman which called for the language he has employed in his communication to the Medical Gazette. When I undertook to relate what I had learned at Halle and Frankfort, respecting Mr. Pattison's negotiation with Meckel and Soemmerring, I was fully alive to the *danger* of exciting his irascibility; but I confess that I was not prepared to see him direct the full charge of his battery of abuse against the unfortunate narrator, instead of applying himself wholly to refute the parties complaining. He has, however, preferred the former course, and I most readily forgive him. His miserable insinuations against my professional character must necessarily fall harmless. He is, as yet, a perfectly untried hand in London—and, in return for his rancour, I will only express a friendly wish, that when he shall have been twelve years in practice in the metropolis he may find himself as favourably known to the *respectable* part of the profession as the man whom he has deemed it good taste to assail.

There is only one very laconic expression, properly my own, at which Mr. Pattison could have taken offence, for it is the only one I applied to him throughout the narrative—namely, the expression of my misgivings, when I learned from Soemmerring that the same person was in treaty for his museum who had botched the affair with Meckel. But my misgivings applied to his talents as a negociator, and not in the least to his professional competency, of which I positively know nothing. It was Meckel who stated that Mr. Pattison was incompetent to judge of the value of his museum; but I understood him to mean that Mr. Pattison had not taken all the necessary pains to make himself master of the nature of that museum, so as to be able to report upon it. Professional ability was not even alluded to. I will

candidly repeat to Mr. Pattison that I still think he has not shewn himself an able negociator in the two transactions in question; and I may add that I am by no means singular in this respect: yet, for all that, he may be the very best professor of anatomy in Europe.

Now if Mr. Pattison had wished to put in reality the laughers on his side, he ought to have taken care that his temper did not get the better of his wit: for, without much expenditure of the latter, he might have composed the following clever joke against me, instead of allowing a friend of my own to run away with the merit of the invention. "Why does Dr. Granville assert that *an evil star presided at the birth of the London University?*" Answer: "Because he was not himself the *accoucheur* to it." Instead of which Mr. Pattison has, in a long article, mixed up a very *olla* of abuse, including a very uncharitable allusion to the "triumphant reply of Mr. Coates, in 'John Bull'; which reply, by the way, Mr. Pattison does probably consider still more *triumphant* now that my rejoinder to it has appeared in the same journal of last Sunday.

With regard to Mr. Pattison's business with Meckel, I have nothing to add to my *ex parte* statement. Mr. Pattison ought, in candour, to have attended to my declaration, *that mine was only an ex parte statement*, respecting which I called on my readers to suspend their judgment until they had heard the other party. I do not set up as the defender of Meckel: he is, I doubt not, fully equal to defend himself, and if necessary you will afford him room hereafter for that purpose. I have simply related what he has told me. If Mr. Pattison can prove aught against him, it is not to me, but to the Professor, that he ought to address himself. It is sufficient for me, Mr. Editor, to state that, with the present communication, you shall have an opportunity of perusing a recent letter from Meckel, which forcibly corroborates the principal parts of my narrative*. The letter in question is an answer to one of mine, in which I mentioned to Meckel the charges I had heard urged against him after my return to England, among persons connected with the London University—

charges, some of which Mr. Pattison has now distinctly brought forward, while others rest yet on simple rumour.

Mr. Pattison has been anxious to shew that I declined taking his advice on the subject of my publication, and for that purpose he has troubled your readers with our correspondence, which can be of very little importance to them. Having, however, taken that step, there was no reason for omitting my reply to his answer. As that reply cannot fail to exonerate me from the blame which Mr. Pattison wishes to make me heir to, by his imperfect quotation, you will probably allow me room enough for its insertion.

Having "said my saying," nothing shall induce me again to trespass on your pages on this matter.

I remain your obedient servant,
A. B. GRANVILLE, M.D.

Grafton-Street, Berkeley-Square,
30th Sept. 1828.

REPLY OF DR. GRANVILLE TO MR. PATTISON'S ANSWER.

(See Medical Gazette, Saturday, 27th Sept.)

"Dear Sir,

"Your advice to me, in consequence of my note of the 27th, comes too late, even were I in a condition to accede to the propriety of it. I had the honour of informing you that the work containing the statements in which you were personally, though not *nominally* alluded to, was already published; and the object of my acquainting you with the fact before the book was actually in the market was my desire to comply with the laws of courtesy towards a gentleman whom I have long been acquainted with. As for an application to the Warden, I have had too much experience in my *own* case of the nugatory nature of all such applications (as you will find abundantly proved in the same book) ever to attempt it again—and least of all in a transaction in which I profess not to take the least part or to offer the most distant opinion, having strictly confined myself to the office of *narrator*—if 'faithful historian' be too strong an expression. Whether the facts that have been communicated to me by two individuals abroad, whom I have reason to believe to be as strictly honest as the most upright among us, be or not strictly accurate, that is a question which my statement will afford

* We have read the letter alluded to: in it Meckel expresses himself much dissatisfied with the University.—E. G.

MEDICAL GAZETTE.

Saturday, October 4, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO

RETURNING home a few days ago from a visit to the *West-end*, and deeply ruminating on a suitable address with which to greet the pupils on their arrival in London, we stumbled in the neighbourhood of St. Clement's Church upon a packet, and stooping to pick it up, found it to contain various papers, headed “Abuses at St. Bartholomew's,” “Blunders at St. George's,” “Tragedy at Guy's,” “Humbug,” &c. &c. But what particularly arrested our attention was an article which seemed exactly suited to our purpose. It ran thus:—

ADDRESS ON THE COMMENCEMENT
OF A NEW VOLUME*.

It is now six years since we undertook to reform the “hole and corner” surgery, and expose the abominable instances of moral, intellectual, and physical turpitude in almost every man in this metropolis who was successful in his profession. In order to bring about so desirable an object by the purest and most unexceptionable means, so that the student, whose welfare is our first consideration, should be at once elevated in morals and fortified in judgment, we commenced with a series of essays on an unmentionable offence, and followed them up by numerous others equally instructive.

The nature of these articles—the ability with which they were written—the high tone of feeling they evinced—made us known at once as the champions

* We observe that all the quotations in this address are taken from the *Journal* which has been designated—*par excellence*—“the invaluable.”—E. G.

the administrators of the University an opportunity of shewing to the public, if they care aught in this matter: but I cannot help remarking, with some surprise, the hasty manner in which you have assumed that the ‘statements I have obtained may be false.’ That expression, as applied to Professors Soemmerring and Meckel, from whom alone I could possibly have obtained any statement on the subject, is, I feel confident, used by you unguardedly. It will be high time to qualify thus harshly the information I have given to the public in this country (perfectly independently of any wish or instruction on the part of those two eminent individuals), respecting the two transactions, when you shall have read the statements, and are prepared (I mean the University, of course) to prove by facts that they are wanting in accuracy.

“I am, dear Sir,

“Your very obedient humble servant,
A. B. GRANVILLE.

“Grafton-Street, 4th Aug. 1828.”

NOTE FROM MR. PATTISON.

To the Editor of the London Medical Gazette.

SIR,

You will oblige me by correcting in your next Gazette an error which I find I committed in quoting an expression of Dr. Granville's, in my answer to his account of the negotiations of Professors Meckel and Soemmerring with the University of London.

He says his information is derived partly from circumstances within his own knowledge, and partly from reports, for the accuracy of which, he observes, “*I cannot vouch.*” From the hurried manner in which my answer was sent to press I find I have mis-quoted this expression, and have given it “*I can vouch.*”

I have the honour to be,

Sir,

Your obedient servant,
GRANVILLE SHARP PATTISON.

8, Old Burlington Street,
Sept. 29th, 1828.

of all injured and degraded surgeons and general practitioners. In *our* columns, at least, the names of a Lawrence, a Wardrop, and a Lambert, were always to be found, and their reputations brightened by the lustre of our praise.

We and the King bestowed our patronage on the spacious hospital in Panton-Square, where the surgical establishment was so efficient under our critical superintendence that never more than eight were in danger, which, considering the extent of the institution, and the number of beds it contains, is a minimum of risk and a maximum of success. It was from this distinguished school that, encouraged by our favourable notice, emanated the most luminous doctrines of modern times: here it was first established that an ovarian tumor might be removed by venesection, and that an aneurism might be cured equally well by looking for an artery as by tying it.

But while we have upheld the character of this princely endowment, we have not been negligent in exposing the corruption which disgraces all the other great hospitals of the metropolis, where the sick and lame are constantly offered up on the altar of ignorance and cupidity. Nay, we have reformed abuses of a yet deeper dye—we have exposed “that detestable oligarchy which has ever been leagued against the freedom of the profession and the press,”—“whose bread depends upon the duration of error and charlatanry, tyranny, oppression, and abuse,”—and who have heaped upon the GENERAL PRACTITIONER “every species of insult, injury, and degradation, that the most tyrannous and iniquitous of laws would permit to be inflicted on the most degraded of slaves.” We have destroyed the “hydra of Lincoln’s-inn Fields.” No longer shall we hear of its “detestable regulations,” which con-

tained “the foulest lies promulgated for the basest purposes.” All their puny efforts are now drowned in “the far resounding indignation which their deeds have raised” against “the ignorant, conceited, malignant, lying, insulting, boasting hospital surgeons of this metropolis.”

These are some of the great and important benefits which we have conferred upon the world: nor must we omit to mention that our love for the young and inexperienced scions of Æsculapius (to which class belongs a large proportion of readers) induced us to abolish that execrable and iniquitous fraud—that perennial imposition—the half-crown extorted by the porter at St. Bartholomew’s. By this judicious measure the intelligent student avoids being *forcibly* cheated, if we may so call it, and has his *option* of buying four Numbers of our Journal.

It is said our friends are deserting us—that some have got married and wise—that others, after figuring on our pages for a season, have suddenly found it prudent to retire—and that some, known to be in our service, have been kicked out of three hospitals successively. These are all vile calumnies. There is often no proof of wisdom in marriage, though sometimes there may be prudence in retirement; but as to the kicking, it is positively false: our reporter was merely told that he would be turned out “forcibly, if necessary;” but the matter never went farther, as we pledge our veracity that he did not wait to be kicked.

These calumnious insinuations are rendered doubly contemptible by the supposition that the desertion has been caused by the appearance of the “Excrescence.” We have assured our readers every week, and we repeat it once again, that the green-eyed monster does not harm us—our giant growth is not to be checked by Longman’s

stunted bantling, with all the "Scotch dubs" it can muster. Look at the list of its miserable contributors—the worst among the bats and pures, the lowest in the profession, and the very dregs of society—the Abernethys, Bells, Brodies, Traverses, Earles, Stanleys, Keys, Mayos, *et hoc genus omne*—a list too vile for us to write without loathing, or our readers to hear without disgust. "We smile, indeed, at placing such names in juxta-position with that of Lawrence: however, it has been truly said, there is but one step between the sublime and the ridiculous, and here is a case in point."

Turn we now to *our* distinguished list. Have we not "Mr. Sherriff," and "Mr. Edritch," and "Mr. Sheldrake," and "Mr. Lanyan," and "Mr. Simpkin," and "Mr. Spooner," and "Mr. Hockey," and "Assistant-Surgeon Bushe," who *really* tied the carotid artery in a case of *real* aneurism, and who is, on that account, declared by Mr. Wardrop to be "one of the most eminent military surgeons of the present day;" and have we not "A Constant Reader," and "A Well-Wisher," and "Philo-Lancet," and "A Pupil," and "Another Pupil," and "A General Practitioner," and "No Dub," and "Don Pedro," and "Der Freischutz," and "A Twenty Pounder," and "A Blast from the North," and "God save the King"!!!—the whole evincing such a host of talent, that the very names must strike the reader with astonishment.

Has the "Excrescence" any thing to be compared with this? Has it ever produced an article such as we began with? Has it ever taken the fruit of other men's labours and disinterestedly sold them for the public benefit? Has it had the courage to libel hospital surgeons?—to misrepresent cases?—to retail obscene stories?—to publish sneering blasphemies?—to invent scurrilous jests?—or even, in the common routine of business, to call names and

tell lies? Never, never! What, then, has it done? Nothing—nay worse than nothing—for it has nearly undone all that we have been toiling at for the last six years. Till this green abomination appeared, our assertions were looked upon as true, our ribaldry passed current for humour, our *ex cathedra* declamations were never gainsaid, our journal was in repute, and our fame pure as gold that had been tried in the fire. But we have done: we told our readers, soon after the "Excrescence" appeared, that we should not notice it, and we have not done so—above once a week; for "when men descend to the gratification of feelings of revenge they are always reduced to the level of their enemies—frequently far beneath them in moral delinquency." But such has never been our conduct, as all the world can bear us witness; on the contrary, as is our duty, so we pray for our enemies, and in the emphatic words of a great moralist we say, "may they all be damned!"

The rest of the manuscript was so dirty that we could not read it.

MAGENDIE'S COMPARISONS.

WE insert in the present number a singular, and somewhat *outré*, memoir on the cerebro-spinal fluid, by M. Magendie, in the course of which he compares the pineal gland to a bung, and the pons varolii to the Thames Tunnel. We hope Magendie's new theory will *hold water* better than it did.

COLLEGE OF SURGEONS.

WE are happy to find that matters have been amicably arranged in the Council. Mr. Lawrence was sworn in on Tuesday last, and we understand that no change takes place in the Court of Examiners.

LONDON UNIVERSITY.

IT having been announced that the London University was to be opened on Wednesday last, the 1st of October, a

very crowded audience was on that day assembled in one of the large theatres, at the appointed hour, to witness the ceremony. At three o'clock Mr. Chas. Bell entered, along with the other Professors, *all in gowns*, and accompanied by the Members of the Council, and proceeded to deliver the following address:—

GENTLEMEN,

It will somewhat diminish the oppressive nature of my duty to-day if you will permit me to say, that although I have the honour of first appearing before you, a circumstance accidental, I speak my individual sentiments only as your Professor of physiology and surgery.

The munificent arrangements made for science and education, and the numerous audience now assembled, must not lead me for a moment to assume that the labour of the professors will be light or easy. The task which awaits us is a very difficult one; we must *win* our way to public confidence as if our professional exertions were but commencing. The success of the institution will depend on the relations established between the teacher and the pupil; the devotion of the one to the interests of science and to the instruction of youth, and the gratitude of the other for the highest benefit that can be received—the improvement of his mind and the acquisition of a profession. From the improvement of his mind, incalculable increase of his happiness; and from the acquisition of a profession, the best security for independence that the condition of society admits.

If I value highly the influence of this great establishment, it is because I have been long engaged in teaching, and have experienced all the difficulties of forming a medical school.

For obvious reasons London must continue to be the principal school of medicine; but whilst there are many favourable circumstances here, there are also many unfavourable to regular study, and it is now to be demonstrated that it is possible to retain that which is favourable, and to avoid the defects.

In colleges, such as have been instituted in former ages, the professors enjoy the advantages of independence and seclusion, and are removed from the distractions of our busy world: it is otherwise in London. Here, profes-

sional men are differently situated, and more activity is requisite—perhaps of a different kind; less contemplative or theoretical—more practical; and to maintain a distinguished place increasing exertion is necessary. They are on an acclivity, or rather on a rushing stream, where they will be carried down if they do not endeavour to ascend.

In the course of thirty years I have seen the establishment of many schools attempted, but it has always happened that the temptation of following a lucrative practice has far outweighed the desire of reputation to be gained by learning; and, consequently, just when the professor became useful by the knowledge he was capable of communicating, he has withdrawn himself; and so the situation of a medical teacher, instead of being the highest, and entitling him who holds it to be consulted in cases of difficulty, (as being of the seniors of his profession, one who has withstood petty solicitations, and has maturely studied as well as practised) it is merely looked upon as a situation introductory to business, one of expectancy, and to be occupied in rapid succession by young and inexperienced men.

Let us hope that, instead of this rapid succession, this university may be able to raise the professors of science to higher considerations—induce men of talent to prepare themselves for teaching, and to continue their public labours to a later period of life.

With respect to our students, the defects of their mode of education are acknowledged on all hands. They are at once engaged in medical studies without adequate preparation of the mind; that is to say, without having acquired the habit of attention to a course of reasoning; nor are they acquainted with those sciences which are really necessary to prepare them for comprehending the elements of their own profession. But in this place this is probably the last time they will be unprepared, for example, for such subjects as we must touch upon to-day. In future they will come here to apply the principles they have acquired in the other class-rooms of the University to a new and more useful science.

Another disadvantage of the mode of conducting our medical schools has arisen from the too numerous engagements of the heads of the school, and a want of the necessary division of labour.

In consequence of this there is no one to take an interest in the student's welfare, to recommend regularity, to observe his character, to notice his moral or religious conduct; in short, there can be no condition more solitary and neglected than that of a young man who has come to London to pursue his studies until he forms his own society; and thus, without a guide, he makes the first and most difficult step in life—that which may give a colour to all his future objects.

How different his condition here! instead of the unnoticed privacy of his chamber, where there is nothing to give him the hope of distinction through study, or to gild his prospects (and how prone is genius to be distrustful of itself, and to add gloom to poverty and solitude), here he is watched with solicitude, not by his professors only, but by those able as willing to raise him into the distinction he shall deserve—men of extensive influence, who have given abundant proofs of their desire to display the fair rewards of virtue, to foster genius, and to open the prospects of the unfriended student.

There is a character that attaches to our medical students which well deserves the consideration of all who desire their improvement: besides the pleasure and the independence of mind which a young man finds resulting from habits of study, there is something peculiar in the character of the medical student. His occupations lead him off from authority at an immature and dangerous time of life: the pursuit of experimental philosophy, and the history of those sciences to which he is now introduced, tend to give him a mean opinion of the efforts of individuals, and to beget a suspicion of any thing like authoritative language. His mind suddenly illuminated, and feeling all the delights which arise from the contemplation of nature and the cultivation of science, if you love him and value his permanent good, touch with extreme delicacy upon his religious opinions. The man of classical accomplishments only, has lost his influence upon him, and hence arises a jealousy in many pious and learned men of the cultivators of philosophy. They find, they scarcely know how, that the youth have escaped from their control.

To our students books are no longer talismans and spells: they have no re-

spect for antiquity, and names have no authority with them. Taught to surrender their judgment to experiment only, can we be surprised that they require to be reasoned with, and to have the example before them of men highly informed in those departments of knowledge which they are in the habit of considering the test of intellectual eminence?

In classical learning, that is, in works of imagination, the ancients must have anticipated all the most natural and obvious allusions; and in simplicity, force, and beauty, must surpass the moderns. But in physical science the course of discovery is progressive and expanding, and the facts discovered daily are more interesting and important. The consequence is naturally this: the students of the former are more amenable to authority—they look back on ancient times as being worthy of all admiration; whilst the student of the latter class is conscious that he knows a great deal more than the most ingenious and inquisitive of those who lived a hundred years before him, and considers them as having lived in the childhood of the world.

I do not speak of this condition of mind in our students as an advantage, but merely as a too natural consequence of their mode of education. As an advocate for that body of men with whom I have been so long connected, I ask, shall we not find clergymen who, animated by a zeal for religion, will fit themselves to become guides to this important class by acquiring another claim upon their attention, (besides the authority in which they are already clothed), and who shall maintain their superiority by the extent of their scientific acquirements being such as can be appreciated by these young men.

If religious duties have, in the early part of life, been taught with parental affection—if the voluntary labours of some of our professors extend these lessons in a manner suited to the growing capacity of our students—if our students have a place of public worship, and if, on such occasions, they are under the eye of those by whom they have been instructed during the week—there is, in this respect, incalculable improvement in their condition.

When the indifference with which young men are apt to look on this subject shall have given place to experience

and mature reflection—when they shall have learned the importance of right principles and just modes of thinking, and look back with gratitude to the examples they have had in this place—then may the University be said to be established; for its establishment must ultimately depend on the character of those educated in it, and their influence on society.

At present, whilst this beautiful edifice is incomplete, and the labours of the workmen are only suspended, and clamour is excited, it requires some exertion of the mind to rid us of the influence of those present circumstances, and fully to anticipate and appreciate the advantages to be derived from this College; and not from this College only, but from others formed after its example by the exertions of those who, although they may not have had the genius to conceive the plan, yet may have the virtue to imitate it.

There is only one more reflection which I shall venture to express. Great advantage and satisfaction result from a combination of learned men, each active in his own sphere, whilst all combine for the greater object, and that one so laudable and inspiring, as the improvement of science and literature: for I deem the right teaching any department of science the surest way of improving it. But, however such men feel the advantage and necessity of such combination, they seldom combine unless drawn together by the tie of some regular establishment. One happy effect of this is the uninterrupted progress of science; for hitherto, those who have taught in our schools have had successors to their places without successors to their information or their opinions: too often those who succeed attempt to depreciate the labours of their predecessors; but when the professors are united this cannot take place. The opinions and the modes of teaching are appreciated and remembered when the individual is lost, and the course of improvement rolls on unbroken from one age to another. In Universities, a posthumous reputation supplies the interval after the loss of a great man till new men of authority arise. In the general body, the excellence, whatever it may be, is perpetuated; because the society is permanent, and not fluctuating with the students.

This mutual aid, this common interest, these high objects, I trust will

unite us in the most friendly intercourse, and will be a lasting source of gratification and advantage.

Having concluded the above introductory oration, Mr. Bell proceeded to give a Lecture on the Circulation; the objects of which were to point out its connexion with, and dependence upon, the principles of hydraulics—to shew the constantly recurring proofs of design in the animal frame, and to enforce the necessity of an acquaintance with the collateral sciences, in order to enable the student fully to comprehend the former and to appreciate the latter. Mr. Bell concluded in these words—

But I must, I perceive, interrupt this inquiry for the present, and extend the examples in my next lecture, to show that whatever appears irregular and accidental in the animal frame arises from our ignorance, and that, when we approach the inquiry with humility and due diligence, the proofs of design and order multiply in proportion to the knowledge we possess; and as the subject rises in interest, we are borne away in admiration; and here admiration is involuntary praise.

DR. CONOLLY'S LECTURES.

Dr. Conolly delivered his first lecture on Thursday. It consisted principally of general observations, a sketch of the plan of his course, and advice to his pupils; which he concluded with a most eloquent allusion to the recent disturbances in the profession, and a description of some of those who have been most active in promoting them, which must have made a certain contemporary feel rather uncomfortable. The bold and manly tone assumed by Dr. Conolly thus early in his career, must be regarded as highly honourable to him, and was received with loud and continued cheering.

NEW REGULATIONS FOR THE EXAMINATION OF APOTHECARIES.

THE Court of Examiners chosen and appointed by the Master, Wardens, and Assistants of the Society of Apothecaries of the city of London, in pursuance of a certain Act of Parliament “For better regulating the practice of Apothecaries throughout England and

Wales," passed in the 55th year of the reign of his Majesty King George the Third, apprise all persons whom it may concern :

That every candidate for a certificate to practise as an Apothecary will be required to possess a competent knowledge of the Latin language; and in compliance with the 14th and 15th sections of the said Act, to produce testimonials of having served an apprenticeship of not less than five years to an Apothecary; of having attained the full age of 21 years, and being of good moral conduct.

He will also be required to produce certificates of having attended not less than—

Two Courses of Lectures on Chemistry;

Two Courses of Lectures on Materia Medica and Botany;

Two Courses of Lectures on Anatomy and Physiology;

Two Courses of Anatomical Demonstrations;

Two Courses of Lectures on the Theory and Practice of Medicine—these last to be attended subsequently to one Course of Lectures on Materia Medica, Chemistry, and Anatomy;

And a certificate* of attendance for six months†, at least, on the Physicians' Practice of some public Hospital or Infirmary (containing not less than sixty beds), or for nine months at a Dispensary—such attendance to commence subsequently to the termination of the first Course of Lectures on the Principles and Practice of Medicine.

The regulations relating to the order of succession in which the Lectures on the Practice of Medicine, and the Physicians' Practice of an Hospital or Dispensary, are to be attended, are designed to apply to those Students only who commenced their attendance on Lectures on or after the 1st of February, 1828; and all such persons are particularly requested to take notice, that unless they shall have strictly complied with such order of succession, they will not be admitted to an examination.

* Physicians' Pupils who intend to present themselves for examination, must appear personally at the Beadle's Office, in this Hall, and bring with them the tickets authorizing their attendance on such Practice, as the commencement thereof will be dated from the time of such personal appearance.

† All candidates applying for examination after the 1st of October, 1829, will be required to produce evidence of having attended the Physicians' Practice at an Hospital or Infirmary for nine months, or at a Dispensary for twelve months.

In addition to the course of study above required as indispensably necessary, candidates are earnestly recommended to attend Clinical Lectures, and also Lectures on Midwifery, and the Diseases of Women and Children, on the latter of which subjects, as an important part of Medical Practice, they will be examined.

The Court have determined that the examination of the candidate shall be as follows:—

1. In translating grammatically parts of the *Pharmacopœia Londinensis*, and Physicians' Prescriptions; and after the 1st of January, 1831, candidates will be required to translate portions of the following Medical Latin Authors, viz. *Celsus de Medicina*, or *Gregory Con-spectus Medicinæ Theoreticæ*.

2. In Chemistry.

3. In the Materia Medica.

4. In Botany.

5. In Anatomy and Physiology.

6. In the Practice of Medicine.

NOTICE.

Every person intending to qualify himself under the regulations of this Act to practise as an Apothecary, must give notice in writing, addressed to the Clerk of the Society, on or before the Monday previously to the day of examination; and must also at the same time deposit all the required testimonials at the office of the Beadle, at Apothecaries' Hall, where attendance is given every day (except Sunday) from nine until two o'clock.

Persons intending to present themselves for examination are requested to take notice, that they may obtain at the Beadle's Office at this Hall, a printed paper containing certificates with blanks (as to names and dates) of all the Lectures they are required to have attended, and also of the Physicians' Practice. These blanks the Court request may be filled up and signed by the respective Lecturers, and by the Physicians whose Practice the Student has attended.

Students are enjoined to observe, that after the 1st of November, 1828, these certificates so filled up will be required from candidates for examination. After the same day no other testimonials of attendance on Lectures and Medical Practice will be admitted, except such as bear the seal of a University or College, and the signature of an officer belonging to such University or

College whose duty it is to sign certificates of attendance on the Lectures given therein; or such other certificates as have heretofore been received, if the same were obtained prior to the 1st of February, 1828.

The Court will meet in the Hall every Thursday, where candidates are requested to attend at half-past one o'clock.

By order of the Court,
JOHN WATSON, Sec.

London, Sept. 25, 1828.

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

HENRY ANSELL, brewer, æt. 33, admitted under the care of Dr. Macmichael, Sept. 2.

On the 25th of August, after violent exertion, and when in a state of profuse perspiration, and suffering from extreme thirst, he drank a large quantity of beer—he cannot precisely say how much, but guesses about three pints or two quarts. He immediately felt a stiffness in his limbs, and in a few minutes his whole body, with the exception of his face, throat, and chest, was covered with small hard elevations, at the apex of each of which there appeared, in a quarter of an hour, a speck of extravasated blood. His bowels became immediately relaxed, and he passed blood in his stools, and vomited a quantity of green matter. The ecchymosis quickly extended over the surface of his body, the tumors subsiding to the level of the surrounding cuticle.

He was bled to $\bar{x}ij$. and took some calomel and rhubarb. The following day he was again bled to the same extent, and the antiphlogistic plan was strictly pursued to the day of his admission.

When he presented himself at the hospital, the eruption, according to his own account, was somewhat diminished, but was still of various shades of red, generally, however, of a dark hue. The large irregular patches assumed more or less of a circular form, and were of the size, in some places, of a crown piece, with a pretty distinct margin of half an inch. In other parts, more especially on the shoulders, there were appearances of figures of different

polygonal shapes, inclosed one within another. The eruption covered his back, abdomen, and extremities. Upon the whole it had so singular and formidable an aspect that the patient himself was struck with the interest and curiosity it excited among the pupils, and observed, “it was a pity he had not exhibited himself to the public as a show, for he should have made his fortune.” His countenance was yellow; he complained of great debility and nausea; his tongue was white, with red stripes; pulse frequent; bowels open, and he still passes a small quantity of blood. He was ordered to take

Infusi Rosæ $\bar{z}jss$.

Acidi Sulph. Diluti m_x . ter die.

And at night a pill containing

Aloes.

Pil. Hydrargyri aa. gr. $ijss$.

3d.—His bowels have been frequently opened, but he has passed no blood since his admission. The nausea has left him, and the eruption is not so vivid.

Rep. Haustus.

R Hydrarg. Submur. gr. ss.

Opii gr. $\frac{1}{4}$ hora somni.

He continued to get better, and on the 6th (*i. e.* four days after his admission) the eruption had disappeared, leaving only a slight brownish scurf. Pulse 84; tongue much cleaner.

Perstet in usu Medicamentorum.

8th.—Has no other complaint than debility: he was ordered half diet, and to take

Decoct. Cinchonæ $\bar{z}jss$.

Acidi Sulph. Diluti m_{xv} . ter die.

On the 9th he left the hospital.

The disease might be said to be on the decline when he was admitted. The medical gentleman under whose care he had previously been sent along with the patient a short history of his case, describing it as one of purpura hæmorrhagica; though in some particulars it might be considered rather as one of those modifications of the febrile nettle-rash in which the wheals were immediately surrounded by irregular patches of a vivid red efflorescence.

ST. GEORGE'S HOSPITAL.

Injury of the Head.

Two highly-interesting cases of injury of the head have occurred at this hos-

pital within the last few days, and attracted much attention in the house.

CASE I.—Fracture of the Cranium, without depression — Trephining — Death—Abscesses discovered in the Liver and the Lungs.

James Parker, a robust young man, was admitted into the hospital on the 2d of September, and fell to the charge of Mr. Keate. From the persons who brought him the following particulars were learnt:—

Whilst drunk in a pot-house on the 31st of August, he got into a "row" with some Irishmen, who thrashed him with a stick about the body and the head. He was taken home insensible, and bled to 16 ounces in the course of the day, which produced no relief. From the time of the accident to that of his admission, he never regained the least sensibility.

When we saw him in bed, he lay in an insensible, or rather semi-comatose condition, with a pulse slow and full; the pupils dilated; the surface neither blanched nor very cold; the breathing not stertorous, but deep-drawn and heavy. Though not very restless when left to himself, he resisted all attempts to examine his condition with dogged and pertinacious violence; he answered no questions, and seemed to comprehend none. Two inches or more above and behind the right ear, was a pretty clean wound, running horizontally, confined to the scalp, and not having denuded the bone or pericranium. No fracture or depression were detected; the eye of that side was black with ecchymosis.

V. S. ad 3viii.

He continued very restless through the night of the 2d, so much so indeed as to require the strait-waistcoat. The bandage likewise slipped from the arm in the night, and occasioned the loss of eight ounces more blood.

On the morning of the 3d there was little alteration from what had been observed on the preceding day. The treatment consisted in salines, with the sulphate of magnesia. He passed a bad night, endeavouring to get out of bed, &c.; and between nine and ten A.M. of the 4th, was seized with a distinct attack of convulsions. At one P.M. he had a fit somewhat different from the former, which we witnessed. It began with a quivering of the lips, a heaving

of the chest, and convulsive affection of the muscles of the throat, and those which are engaged in the act of respiration; after a very short time (say a minute) the breathing recommenced by snuffling through the nose, and gradually extended to the whole of the respiratory apparatus. The pupils before the attack were contracted, but afterwards dilated. The head was in the first instance drawn to the right, but subsequently fixed by the action of *both* the sterno-ileido-mastoidei. The portio dura of the right side was paralysed during the attack, the mouth being drawn to the left. The extremities, and especially the lower ones, were little affected. It was really very curious to observe the access and decline of the convulsion. The condition of the patient was otherwise extremely unpromising, the pulse being rapid, the aspect cadaveric, the breathing stertorous, insensibility complete. He had been bled to the extent of 3xij. this morning.

It being evident from the character of the symptoms, as well as their duration, that there existed something more than simple concussion, Mr. Keate, at two P.M. enlarged the wound, separated the pericranium, which was firmly attached to the bone, and discovered a fracture immediately anterior to the sutura lambdoidalis, unattended with perceptible depression. The trephine was "set on," and the removal of the circular portion of bone disclosed a solid cushion of coagulum beneath. Two more pieces of bone were taken away by the trephine, and the margin of the clot, which was small, was apparently arrived at, though the fracture appeared to stretch downwards, perhaps to the basis. The first and the second pieces of bone that were removed shewed no bleeding whatever from the diploë; whilst the third, which was partly anterior to the coagulum, bled freely, and scarlet-coloured blood seemed to issue from the surface of the dura mater. The symptoms were not a whit relieved; but no further indications remaining for trephining, the edges of the scalp, which had been crucially divided, were united by a suture in the form of a cross.

That night was as bad as the former had been, and the two succeeding days brought little amendment. The breathing, however, was certainly quieter, and the convulsions had not reappeared.

On the 7th he had some return of sensibility, putting out his tongue when desired and motioned to do so, though perfectly unconscious of what was around him, and failing to recognise his relations or wife. He was not at all delirious, the breathing was easy, the pupils dilated, the surface of a natural warmth. Salines to be continued.

On the morning of the 8th the sensibility was still more decided, and the symptoms altogether had a favourable cast. In the afternoon he was suddenly seized with a rigor, during which he was bled; and early on the 9th had another, which lasted very nearly an hour. At two P.M., when we saw him, he was quiet, and seemingly free from much pain. The pulse was more rapid than it had been for days, and though not decidedly strong, was thrilling and jerky; tongue moist and white; surface hot; stools, as they had been all along, passed in bed. The sensibility was still on the increase, but the expression of the face was bewildered and anxious. The blood drawn last night is much cupped and buffed—some which was taken this morning not so much so.

Bleeding to be repeated in small quantities, its frequency being determined by the state of the blood and the pulse.

11th.—On this day and the next the sensibility arrived at its acmé, the remainder of the report being merely the history of his gradual “decline and fall.” The pulse is quick and full, surface hot, pupils dilated, and he complains of pain in the head, incessant and intense.

V. S. ad $\frac{3}{4}$ v. vel vi.

Vesp.—Felt relieved by the bleeding, but the pulse is still frequent and hard. Blood much inflamed.

Rep. V. S. ad $\frac{3}{4}$ xij. Rep. Mist.

On the 12th the pain of head was a little relieved, but the conjunctivæ and surface were assuming a yellow tinge. This bilious tint of skin was more marked on the 13th, and the symptoms were assuming the character of prostration and collapse. On the 14th the surface was uniformly yellow, the mouth and teeth encrusted, the emaciation extreme. The sensibility was decidedly decreased, and though evidently dying, he said he was “better.” A blister was placed upon the nucha—the shivering returned,—on the

morning of the 15th the hand of death was upon him, and he sank in the course of the day.

Sectio Cadaveris.—The corpse was exceedingly emaciated, although on his admission the frame was robust and athletic.

Much extravasation was found beneath the scalp, particularly in the occipital region. On raising the skull-cap the dura mater was found to be perfectly sound at the part where the trephine had been applied. In the direction of the spine and transverse ridge of the occipital bone, where the fracture, as will be presently shown, had extended, a thin layer of blood was effused on the membrane, which was greatly inflamed—indeed actually sloughy. Opposite this inflamed portion of the dura mater the tunica arachnoides was also inflamed, and covered with coagulable lymph. There was some, but not very much fluid in the ventricles; no extravasation in, or rupture of, the brain; little or no effusion of blood at the basis.

The fracture extended from the spot where it first was discovered round the occipital bone, across the left branch of the lambdoid suture, obliquely over the petrous part of the left temporal bone, between the sella turcica and cuneiform process of the occipital bone; then over the right petrous portion, to the place from which we started, completing the circle, and literally breaking off the back of the head. Numerous and large depositions of lymph and pus existed in the liver, the texture of the viscus around being perceptibly engorged and inflamed. Similar appearances were discovered in the right lung—none in the left. The spleen and other viscera were healthy; the urine was bilious.

—

This case requires a few observations. It was thought from the first that the patient was suffering from more than concussion, and the occurrence of convulsions on the second day of his admission strengthened and confirmed this opinion. Mr. Brodie remarks, in his paper on Injuries of the Brain—

“I have not observed convulsions to take place where there are symptoms indicating the existence of considerable pressure on the brain. The pressure in these cases does not destroy the functions of the brain—it seems to act

merely as a cause of irritation, and the operation of it may be compared to that of an exostosis, or other tumor, in producing fits of apoplexy."

Prior to Mr. Keate's proceeding to trephine, Mr. Brodie repeated this remark to the pupils—a remark which the operation and subsequent dissection proved to be perfectly correct. The quantity of coagulum found on the dura mater amounted we should think to a drachm, or rather less; and the few who were present at the time of the operation could not fail to be gratified on seeing the operator hit so precisely on the spot. In the treatment of the case what art could do was done; and were it to occur a second time we scarcely believe that a single item could be added or subtracted. The patient from the first was kept low, the bleedings were as free and as frequent as the system would bear, and the trephine was applied at the spot where it was wanted. An eminent surgeon on hearing that some patient had died at this hospital of abscesses in the liver and the lungs, declared that it was owing to the system of *feeding* and stimulating pursued here! To say nothing of the excessive illiberality of the remark, the present case alone would suffice to overthrow it, the patient being reduced in every possible way, and dying after all with these peculiar depositions. By the by, the publication of Mr. Rose's paper has really rendered this affection *epidemic*, no less than seven or eight cases having occurred at this hospital within a short time.

The length to which this case is unavoidably prolonged will prevent our recording at present the second. In this depositions were found in the lungs, and an abscess, apparently of a similar character, in one of the hemispheres of the cerebellum. In a case of phlebitis at present under treatment, there is reason to dread the formation of matter in the pleura or lung; so that the pupils of the hospital are becoming quite familiar with what was *once* thought to be a very rare affection.

PARIS HOSPITALS.

Hydatid of the Liver.

WATERY and serous, as well as bilious, sanguineous, or purulent collections of the liver, were, until lately, looked upon as very obscure diseases, which frequently remain unknown until

death. M. Recamier has cleared up the diagnosis in a very great degree. He forms so accurate a judgment of these affections that strangers, astonished at his success, have attributed it to a species of *medical instinct*, which at first sight teaches him the nature of the disease. The following case will give an idea of the nature of the cysts of the liver, and the mode of operating practised by M. Recamier in order to effect their cure. The cellular tissue is that, without doubt, which is most commonly developed in the liver: it is that which generally forms the parietes of cysts either containing hydatids or not; it extends itself as a dilatable membrane, secretes a peculiar fluid, and this fluid tends in itself also to augment the capacity of this accidental membrane. The patient whose case we are about to relate, named Marcon, 38 years of age, followed a sedentary employment in one of the lowest quarters of Paris. When interrogated as to his former state of health and other circumstances, he said that he had twice suffered from tertian fever, and about five years ago had a severe attack of illness, the nature of which he was ignorant of. He had resided eighteen months in Paris, and had appeared to enjoy good health, but a melancholic temperament induced him always to consider his disease in a serious light. For about two years he had experienced an abdominal affection, that gave him great uneasiness. At that period he remarked a small tumor about the epigastric region; it disappeared, however, according to his account, and only again became visible about three weeks before his admission into the Hôtel Dieu, which was on the 21st June.

The epigastrium began to swell about the end of May, but without pain: in fact the formation of these cysts is seldom accompanied by any previous inflammation, and this is the case with regard to many other affections of the liver, and accounts for the frequent errors of diagnosis that are committed. Marcon perceived the tumefaction to augment considerably during the eight days previous to his admission into the hospital, and then lancinating pains in this region were first felt. On the 17th June he began to vomit every kind of food, generally a few minutes after swallowing it—sometimes a quarter or half an hour after, but seldom more.

On the 20th June the tumor was found to be very painful to the touch, but the patient had no fever, and what is of importance in the diagnosis, he declared that he had not experienced any feverish attack from the commencement of the disease. We must here remark that the tertian which the patient had been affected with a long time before, appeared to have no connexion with the present malady.

On the 21st the tumor had become still larger, and the pains extended to the navel. Twelve leeches were applied, and the patient was put into a warm bath. From the 23d to the 26th the symptoms became more serious, the sleep was interrupted, and violent pains were felt throughout the whole extent of the tumor. Twelve more leeches were applied, warm baths employed, and two ounces of castor oil given to overcome the constipation.

On the 27th the patient was better. The tumor occupied the whole epigastrium, and it was easy to trace its boundaries inferiorly. M. Recamier declared the nature of the tumor, and after having employed percussion several times, proposed to make a puncture. Percussion alone, he observed, furnishes important information relative to the existence of hydatids: a kind of trembling is produced, which an experienced hand cannot mistake, and which is not felt in any other case.

M. Recamier calls his exploratory puncture a true acupuncture, on account of the smallness of the instrument which he employs. The fluid which issues forth shews him the precise nature of the affection; and upon seeing the liquor that escaped in this case, he confirmed the diagnosis he had already given. A piece of potash was applied, according to the method of the professor, in order to determine the adhesive inflammation. The day following an oval-shaped eschar was produced, the largest diameter of which was from above downwards. Barley-water was prescribed for the patient's drink, and on the 29th another piece of potash was applied. On the 1st of July two ounces of castor oil were required, to remove constipation, and a third application of the caustic was made. The pain in the cyst augmented, and fever came on. The eschar had not fallen out on the 7th, but the neighbouring inflammation having developed

itself properly, a tolerably deep incision was made in the whole line with the bistoury. This gave vent to about half a pint of serosity slightly turbid. The day after about a pint escaped. The patient, however, continued to suffer great pain, and complained of general uneasiness. In all such cavities M. Recamier considers it as highly important to prevent the introduction of air. It is the same in the synovial cavities and in the pleura, after the operation for empyema; if the air penetrates the discharge puts on a bad character, hectic fever becomes lighted up, and the patient perishes. A sufficient quantity of Eau de Guimauve was therefore injected into the cavity, to fill it. The patient from this period found himself much better; the fever entirely ceased, and the abdomen became less tender upon pressure. Emollient drinks, baths, and cataplasms, were the only remedies employed.

On the 12th the tumor was dispersed, and on the following day the amendment was still more evident. Nevertheless the patient was sombre and morose, and still persisted in viewing his situation in the most unfavourable light; even to the end of July he appeared discouraged.

On the 5th of August the belly was still a little painful, and appeared larger than natural, and its sensibility was yet considerable in the epigastric region. A fresh puncture was made, and immediately a fluid of the most foetid odour escaped: hydatids were voided with the fluid which was contained in the cyst. The day following the patient found himself much better, and some little time afterwards his spirits began to revive. Every day the dressing was performed with great nicety; the artificial opening was preserved by means of sponge lint, and the quantity of fluid injected became much smaller. The parietes of the cyst were discharged in fragments with the fluid, which afterwards was strongly tinged with yellow. The state of the patient is now satisfactory; the appetite begins to revive, he lies upon the side and sleeps all night, and the capacity of the cyst diminishes every day.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

PREPARATION OF CONIA—THE ALKALI OF THE CONIUM MACULATUM.— BY M. BRANDES.

THE best method of obtaining this alkali is to digest the fresh herb in alcohol during some days, afterwards evaporating the filtered alcohol, agitating the residuum with water, and treating this mixture either with alumina, magnesia, or oxide of lead: the whole is to be evaporated to dryness, and the residuum obtained treated with a mixture of alcohol and æther, which when again evaporated leaves the conia. This substance, which was discovered and also named by M. Peschier, possesses very marked alkaline properties. According to M. Giseke the aqueous solution forms with the tincture of iodine an abundant reddish precipitate; it renders tincture of galls slightly brown, precipitates muriate of zinc and nitrate of mercury of a dirty yellow; renders carbonate of potash and soda slightly turbid; gives a brown colour to muriate of platina; and produces a white precipitate with the nitrates of silver and barytes, the acetates of barytes and lead, muriate of lime and lime-water.

Half a grain of conia is sufficient to kill a rabbit: the symptoms which occur resemble those produced by strychnia.—*Nensman's Repertoire de Chimie.*

OBSERVATIONS ON THE MAMMARY ORGANS OF THE KANGAROO.

A very interesting paper, by Mr. Morgan, on the mammary organs of the kangaroo, was lately read before the Linnæan Society, in which he stated that the marsupial bones are formed, first, for the purpose of giving that firm support to the superincumbent abdominal viscera which the narrow pelvis of the animal is incapable of affording while in the erect posture; and, secondly, for the purpose of constituting a fixed point of resistance, against which the mammæ are squeezed by the muscular girdle already described as inclosing those glands between their fibres. By this arrangement the female is enabled to empty, by compression, the excretory ducts of its mammæ, and thus

to force their secretions into the mouth of the imperfectly organised young, which, during the earlier periods of its existence, appears incapable of extracting a nutritious fluid from that part, by the usual means.

It appears that the secretion of this fluid (or milk) takes place only in the larger and lower gland, and that its ejection through the inferior and longer teat is assisted by a muscular investment, which encloses the ducts throughout their whole course, from the gland to the extremity of the nipple. The existence of this structure has been noticed by M. Geoffroy St. Hilaire, who has assigned to it the same use. Under this compressing muscle of the lower, or, as Mr. Morgan has named it, the true, marsupial teat, a congeries of vessels, which principally consisted of veins, was described as forming a plexus around the central fasciculus of ducts. These veins, together with those of the gland, were stated to occasion a considerable distention of the mammary organ during the time of suckling, in consequence of the congestion which must necessarily occur in the vessels at that period, from the pressure made upon their main trunks by the action of the compressing muscle of the mammæ; for it has been found that the size of the organ on such occasions exceeds that which a loaded state of the ducts only could produce. The mammæ were found, as in the virgin animal, to consist in double glands on each side, the upper and smaller presenting the same anatomical characters as in the former instance; its excretory ducts, however, in their course towards the upper nipple, were found to be inclosed in an indistinct muscular sheath, and there was a faint indication of the existence of a plexus of vessels similar to that which was found in the lower or true marsupial teat. This smaller mammary organ is considered by the author as analogous to the supernumerary mammæ and teats of other mammiferous animals, since the lower, or true, marsupial mammary glands and their teats, appear to perform, exclusively, the office of preparing a nutritious fluid for the support of the young animal.—*Magazine of Natural History, No. II.*

CANCER OF THE BREAST IN A MAN.

There is at present a patient in the hospital of La Pitié who was operated upon about two years ago by M. Dubois, in consequence of an open cancer of the breast. For two years afterwards the cure appeared to be perfect, but indurations at length began to develop themselves round the cicatrix; the neighbouring glands became affected: these indurations at length grew soft, and a true cancer was the consequence. The inflamed condition of the parts induced M. Lisfranc to order leeches to be applied to the neighbouring parts, together with emollient poultices. After twenty days of this method of treatment, the cancer, which was in a very aggravated condition, became greatly ameliorated; but the patient had fallen away considerably, and was seized with symptoms of gastric enteritis, with considerable purging, which was got rid of, however, by proper remedies. It was remarkable to observe how suddenly the progress of the cancer became modified after the inflammatory condition of the intestines was removed: the ulcer which occupied the centre of the cancer, and which had formed a funnel-like cavity within it, began to heal; the cicatrix formed within this hollow, and was completed within a month. The tumor has, however, preserved all its original characters; it resembles a pine apple, in the centre of which there is a profound depression; it is as hard as stone, and when pressed it affords a sound similar to that which would be produced by rubbing two pieces of porcelain against each other. Compression has since been tried according to the method of M. Recamier, without having produced, at present, any change.—*La Clinique*.

mode of treating *nævi materni*: it consisted in injecting, by means of a very fine syringe, into the structure of these tumors a fluid composed of diluted nitric acid, (from three to six drops of the acid to 3j. of water.) In several instances Mr. Lloyd had found this practice to be followed by the absorption of the peculiar structure of the *nævus*, leaving a slight cicatrix only, made by the point of the syringe. Pressure should be made on the parts surrounding the tumor during the time of the injection, that no portion of the fluid should be impelled into the surrounding cellular structure, and induce unnecessary irritation and inflammation in that tissue. Mr. Lloyd's remarks on this subject were heard with much interest.

The subject of Rachitis next came before the society. This was followed by a more ample discussion of the affection termed "spasmodic asthma;" and many instances of the remarkable effect of change of atmosphere on the symptoms of that obscure disease were related.

Dr. Shearman remarked upon the peculiarities of the symptoms of spasmodic asthma—its attack generally in the night—the suddenness of the termination of the attack—the patient sometimes recovering almost before remedies could have effect, and then enjoying an uninterrupted period of health until another paroxysm occurred. Could all this comport with organic disease?

Mr. Lloyd was disposed to think that if our investigations were carried to a sufficient extent we should in all these cases find the evidence of disorganization in some part of the system, and if we did not, he believed it must be attributed to the imperfection of our knowledge of morbid changes of structure.

LITERARY ANNOUNCEMENTS.

Mr. Richards has in the press a Treatise on Nervous Disorders, with Observations on Physical Sympathy, and a Dissertation on the best Dietetic and Medicinal Remedies.

Mr. Ashwell has in the press a work on Parturition, with plates.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

September 29th, 1828.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

THE Society resumed its sittings this evening. After an address from the President, thanks were voted to the donors of books, presented during the vacation, and then the ordinary business of the meeting was commenced. Mr. Lloyd brought forward a new

NOTICES.

The communications of "Dr. Seymour"—"Mr. Chaplin"—"Mr. Brown"—"Mr. G. Jones"—"B. M. F."—"Juvenis,"—"M. D."—and "A Subscriber," have been received.

The note of "A Subscriber" shall be attended to.—"M. D." must excuse us; his is not of general interest.

The Observations on Consumption in our next.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 45.] SATURDAY, OCTOBER 11, 1828. [VOL. II.

SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

BY W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

[Continued from page 520.]

DIAGNOSIS.

FROM the description we have given of the symptoms of continued fever, it will be obvious that the diseases of all others with which it may occasionally be confounded, or for which it may be mistaken, are inflammations of the several organs in which we have mentioned that congestions or sanguineous accumulations occur.

In the beginning of severe cases of continued fever the head is often affected to such an extent by the over-fulness of its vessels that the disease may imitate pretty closely the symptoms of phrenitis. This, however, is not of importance, as the treatment, under such circumstances, must be at first precisely the same. Even in this case, however, the tongue generally shews the febrile coat, which is distinct from the whiteness of simple inflammation; and the character of the disease is evident enough when the phrenitic symptoms are removed and the febrile ones remain.

Phrenitis may in general be distinguished from fever by the severity of the pain in the head in the former, the great intolerance of light, the bright arterial suffusion of the eyes, the tinnitus aurium or great sensibility of the ears, the peculiar sharpness or hardness of the pulse—most, if not all of which symp-

toms, are much more clearly developed in pure inflammation of the brain than in continued fever. Still, however, there are cases of each which approach so near to each other that the progress of the complaint only can decide its true character.

When the congestive symptoms of the chest, also, are exactly like those of pneumonia, they must in the first instance be treated in the same way.

In fevers generally there is more of a laborious than painful respiration, as if the lungs were difficult of expansion rather than simply painful from the effects of inflammation. The same thing may be said of the early symptoms, which imitate those of inflammation of the bowels; if they occur in fever they must at first be treated as if they were really what they appear.

In a very short time the limited degree of relief produced in the general febrile symptoms, by relieving the local affection, will shew the true nature of the disease.

Add to all this, that the peculiar brownish fur seen on the tongue in fever, and not observable in inflammation, will, to an eye even moderately experienced in diagnosis, at once lead to a suspicion of the real character of the disease. The peculiar pulse also of inflammation of the bowels will be absent in fever.

In the more advanced stage of the complaint the history of the previous symptoms will for the most part afford a sufficient diagnosis.

In fever the sanguineous accumulation will be found to occur after the febrile symptoms have established themselves, and these will at different times occupy different organs, the fever itself remaining steadily the same, and not

seeming to depend on the local symptoms.

This will be sufficient, in addition to what I have already described as the symptoms of fever, to teach you how to distinguish continued fever from simple inflammatory diseases.

In the best marked cases all these diagnostic signs will be present, and it is seldom that they are all absent: now and then, however, you may have a case which may be so indistinct as to some of these marks that you may find it difficult to decide at once whether it is fever or inflammation; in such instances you must act cautiously, but relieve the present symptoms and it is very probable that the disease will, before your next visit, develop its real character with sufficient clearness.

It is scarcely necessary to say any thing about the diagnosis between continued and remittent fever, for they are so nearly the same disease that, as I said before, I at first doubted whether I ought not to describe them together; I mean that some of the varieties of the one are so similar to some forms of the other that one description would almost serve for both diseases; and what is more, in these cases the treatment is nearly, if not entirely, the same. It is, therefore, of little importance, in a practical point of view, to endeavour to distinguish them from one another; at any rate the simple fact of the remissions will be evident enough to enable you to give the proper name to the disease in question.

Whilst on the subject of diagnosis, I must not omit to notice the similarity which at first sight may appear to subsist between some cases of fever and some varieties of mania. The paroxysms of the most acute kind of mania are certainly accompanied, at times, by some slight symptoms of fever; and, in truth, often terminate fatally, from the extinction of the vital powers by the intensity of the irritation caused by the disease. The feature, however, which will at once distinguish it from fever is the absence of a heat of skin or a foulness of tongue, commensurate with the intensity of the alienation of mind: you will often find the most furious hallucinations with a skin scarcely warmed and a tongue nearly clean.

As to the treatment of such cases as these, I should say shortly here, that during the paroxysms of mania the

head must be relieved by moderate local bleeding, and the bowels cleared by purgatives; but we must not allow the patient to sink for want of proper stimulants, which he is likely to do if the active treatment used in continued fever is applied to such a case as this.

In fact, medicine does little towards the control of this malady: proper care and attention to obvious deviations from health in the various functions of the body, together with small quantities of anodynes and antispasmodics, constitute all the medicinal treatment which, after local bleeding and cautious purging, is allowable or requisite under these circumstances.

It may be as well to know that there is a strong prejudice, originating in the opinion of the old Dr. Willis, against the use of blisters to the head, which are considered absolutely injurious in the treatment of maniacal irritation. This prejudice is not confined to the public, but pervades also the older practitioners of medicine; and as the remedy itself is not likely to be of much service it is better not to prescribe it, at the risk of obtaining the credit of increasing the malady without any fair prospect of benefiting the patient.

We may now proceed to consider the

TREATMENT OF CONTINUED FEVER.

It is very seldom that a patient comes to a medical man, or sends to him, with the *premonitory* symptoms of fever upon him. If, however, any patient were to apply to us, and state that though to all appearance he was in good health, yet that he had a sensation of distressing depression and lassitude upon him, which he could not account for, either by any exertion which he had been making, any excess of which he had been guilty, or any mental agitation which he had suffered, we should certainly apprehend that it was possible that these sensations pointed at an accession of fever, and we should advise him to go home and remain quiet; and we should recommend to him, as a precaution, to clear his stomach out with a scruple of ipecacuanha, or two grains of tartarised antimony; or with about half the quantity of each mixed together; and after a few hours to evacuate his bowels with a senna draught, and to take no solid food or drink, and no stimulating fluid.

These means, if the attack with which

he is threatened be a slight one, will perhaps put a stop to it altogether; if it be of a severe character, we shall have at any rate taken the first step towards mitigating it, by adopting the measures I have mentioned.

But it is, as I have before said, a very rare thing to have to treat a patient until the fever is well established—until the lassitude and chilliness have distinctly given way to heat, and the symptoms of congestive determination have clearly developed themselves.

These, however, being established, what course of treatment is the practitioner to adopt?

The first question undoubtedly is, whether the case under consideration requires and will admit of venesection. The answer to this question will be clearly in the affirmative, if the congestions in the head, chest, and abdomen, or any of them, be so intense as either immediately to endanger the life of the patient or else to threaten any important viscus with immediate lesion, especially if the patient be of a vigorous constitution and plethoric habit. It is not often that this question arises, except in the very early part of the disease (we may say, to speak generally, within the first week); and even when it is determined to use the lancet, it should never be for a moment forgotten that we are not treating inflammation, but fever—that we are not in effect curing the disease by this measure, but merely palliating or removing a dangerous symptom.

It is seldom that it is requisite to institute, under these circumstances, more than one full venesection, from 12 to 20 ounces; for we shall find that the effect on the pulse of such a depletion is infinitely greater than it would be in a case of inflammation; the state, therefore, in which it will remain, will probably forbid farther general bleeding.

When, however, the accumulations of blood, of which we have been speaking, although severe and steady, are not attended by the symptoms we have just described, and which undoubtedly approach very nearly to those of inflammatory action—if the fever be advanced into the second week, the pulse, though frequent and harsh, be neither hard or very full—the patient being also perhaps of a less vigorous habit of body than in the former instance—no intelligent practitioner will think of

producing his lancet or of prescribing venesection.

He must, nevertheless, be prepared to act decidedly and vigorously, for the oppression under which important organs are suffering, though not perhaps as in the last case threatening the immediate destruction of life, yet are paving the way for a result which, although a little more distant, is likely to be equally fatal to the patient.

The first organ to be attended to, under these circumstances, is the head; for besides the danger to life from injury to this organ, it is evident that whilst its functions are impeded or disturbed the whole nervous system is in a state of oppression, and it will, therefore, be in vain, until we have afforded relief in this quarter, to endeavour to repair the faults of the thoracic or abdominal viscera.

The head must then, in the first place, be relieved by local bleeding. At the beginning of the disease cupping is more certain and efficient than the use of leeches (if you have a good cupper at hand); but in the more advanced stage of the disease, when the patient becomes weak and exhausted, and unwilling to be disturbed, leeches to the forehead and temples are preferable, as they can be applied without moving or disturbing him. If a dexterous cupper cannot be procured, it is better under all circumstances to apply leeches.

The quantity of blood taken must depend on the strength of the patient, and the severity of the pain in the head, and the degree of confusion of the intellect: 8 or 10 ounces may be taken by cupping; or 14 or 16 leeches applied in the first instance to the forehead and temples.

It will be necessary to repeat the cupping (or perhaps after the first cupping we had better generally have recourse to leeches)—it will be necessary, I say, to apply 10 or 12 leeches again the next day, and every day during what we have called the congestive stage of the disease, until the pain and confusion of the head are removed.

The next method of relieving the head, under these circumstances, is the application of cold to its surface, which must be previously shaved. This may be best done by placing a small quantity (a few ounces) of pounded ice in a bladder or between the folds of a napkin, and applying it frequently to the

head, or by continually washing it with vinegar and water and one-fourth spirit of wine, or with a solution of an ounce of muriate of ammonia in a pint of water, or by dropping æther on the head.

The use of blisters is not admissible during the early stage of the disease, on account of the irritation and excitement which they cause.

The thoracic viscera are next to be attended to; and here, if the laboriousness of respiration is intense, and the patient complains of severe pain in the side, which is aggravated by inspiration, the same necessity for venesection as was stated to exist when the affection of the head is very severe will also arise in this case, with the same cautions and limitations as were then recommended; and must be followed, if necessary, by the repeated application of leeches to the chest or side, until the severity of the symptoms has yielded to the remedy.

I have now and then found the determinative affection of the trachea and larynx in this stage of the disease to be so severe as to require the application of leeches to the throat, in order to prevent suffocation.

The same thing is to be said with respect to the treatment of the affection of the bowels and adjacent viscera.

If here the determination of blood to any or all the viscera of the abdomen rise to such a pitch that pressure on the parietes, instead of producing the dull pain or uneasiness which characterise a moderate affection of this nature, be followed by a sensation approaching in severity to the excruciating pain which accompanies inflammation of those parts, the expediency of detracting blood, either by venesection or leeches, is evident enough; still, however, under the same rules and restrictions as were before mentioned. Of course I am supposing that the pulse and general strength, under all these circumstances, are such as to justify the measure I have recommended.

In slighter cases of the thoracic and abdominal affection these measures are not necessary, because these will yield to the general treatment which I am about to mention, without requiring such local discipline. But I cannot say this with respect to the affection of the head. This, however slightly it may be suffering, must not for a moment be neglected, as in it are contained the source and essence of every func-

tion and every sensation. It is not safe, if there is any pain of the head or any confusion, to omit the local detraction of blood, even if venesection should be deemed unnecessary or unadvisable; and if the congestion be slight, one or two applications of leeches, with the constant use of ice or cooling lotions, will generally give the requisite relief.

But to proceed to the rest of the treatment of the disease.

As we have been just speaking of the abdominal viscera, we will next consider a remedy which, although primarily acting in that quarter, is perhaps the most effective weapon we possess for controlling, in every point of view, the severity of this formidable disease: I mean the use of calomel in conjunction with the stronger purgatives. Whatever doubts may be entertained with respect to the expediency of using other remedies, no one who has a regard for the safety of his patient will for a moment hesitate about the active and vigorous exhibition of this.

In the early or congestive stage of the disease it will be at first necessary to give four or five grains of calomel every night, and the following morning a strong senna draught. In slighter cases it may be sufficient to join the dose of calomel with a scruple of jalap, and give them together in the morning; but it is generally better to prescribe the calomel over night, by which means you have partly the advantage of its constitutional as well as its laxative effect. Twenty-five grains of jalap, with the same quantity of cream of tartar, may be substituted for the senna draught on the following morning, and it will in some persons produce as complete purgation as the senna draught, and at the same time agree better than the latter with the stomach.

You will here naturally ask by what criterion you can ascertain whether a strong or a moderate dose of the purgative is to be administered, or by what symptom you are to determine whether it is to be again and again repeated? This is certainly an important question, as in the answer to it is contained one of the principal keys to the whole treatment of fever.

It is the distention and induration of the abdomen which afford the clearest indication for instituting the treatment of which we are speaking, and of per-

sisting in it after it has been commenced. There is generally added to the hardness and fulness of the abdomen a sense of uneasiness, amounting to dull pain on being pressed on the belly; but this symptom is not necessary to fulfil the indication of which we are speaking, because the sensibilities of the patient are often so dulled by the disease that he is not always capable of feeling or expressing uneasiness or pain; so that, without any absolute change in the state of the abdominal viscera, the degree of uneasiness on pressure may be sometimes severe and sometimes scarcely felt by the patient, on account of this fluctuation in his susceptibilities.

It has been objected by some, who hold the same doctrine of congestion in fever that we do, that the exhibition of calomel and strong purgatives must be injurious, by stimulating instead of soothing the parts diseased, particularly the mucous lining of the bowels.

We might at once answer this theorizing objection by appealing to the fact of the daily and hourly melioration of the symptoms of fever under this treatment; but if we refer to what was before stated as the cause of this distention, we shall see that this practice is, of all others, best adapted to meet every indication which sound reasoning, as well as experience, would, under such circumstances, suggest.

It is true that the medicines of which we have been speaking are calculated, in the first instance, to stimulate—but what do they stimulate? They stimulate all the mucous glands and the whole exhaling surface of the interior of the intestines, and the secretories of all the adjacent viscera, to pour out profusely their contents; and thus to relieve, not only the loaded blood-vessels of a part of their fluid contents, but also to empty the mucous glands themselves of their secretions, the accumulation of which secretions we have before stated to be the ordinary cause of one variety of ulceration. The tunics of the bowels are thus immediately attenuated and relaxed, and their contents (whether they be acrid and adhesive mucus, or whether they be offensive and irritating feculent matter and flatus) are at once fully evacuated.

Nor is it possible to overlook the immediate effects of this treatment; for the relief that the patient receives is perhaps as evident as the salutary in-

fluence of any known medical expedient, not even excepting venesection in pleurisy: for the patient, after each free action of the medicines of which we are speaking, seems to be refreshed and enlivened, as if a weight were removed from his nervous system; the dull stupor under which he has been labouring seems to clear away gradually; the bowels daily become less indurated and less distended; the evacuations become daily and hourly less offensive, and of a more healthy colour, and the tongue daily exhibits a wider edge of cleanness and moisture; till at length, after a few days' perseverance—(sometimes three or four days is sufficient to produce the desired effect, sometimes it may be necessary to continue the use of purgatives every day, or every other day, for a fortnight or more)—till at length, I say, after some days' perseverance, the abdomen subsides to its natural size, and feels relaxed and supple and soft; the bowels throw out healthy excretions and secretions; the tongue becomes moist throughout, and nearly clean; the pulse becomes steady and regular, and the skin soft and cool.

It is in general necessary to administer the purgatives daily for the first three or four days, and then, in ordinary cases, to give the patient rest every other day; but in cases of great urgency, when the first few days' discipline has made little or no impression on the symptoms, it will be necessary to continue the daily use of the remedies till some appearance of relief has been evidently produced.

I have now, I think, said enough to satisfy you, first, that you need not be deterred from the use of purgatives in the earlier stages of this disease, by the apparent lowness and dulness of your patient; for they afford the readiest means of relieving the whole animal economy from the weight by which it is oppressed. And, secondly, that you need not be deterred from purging by the frequent and painful discharge of liquid and offensive stools; because it is clear that they simply exhibit the fruitless efforts which the bowels are making to relieve themselves from the congestion under which they are suffering, and which the acrid mixture of vitiated mucus and imperfectly concocted feculent matter which remains immovable in them, is hourly exasperating.

[To be continued.]

CASE OF EXTIRPATION OF THE UTERUS.

BY JOHN M. BANNER,

Surgeon to the North Dispensary, Liverpool.

(For the Medical Gazette.)

IN May 1827, I was first called to Mrs. J. on account of retention of urine. The same symptom recurring, I examined the os uteri, and found it painful on being touched, thickened, hard, and irregular. On inquiry it appeared she had suffered occasional shooting pains from the pubes to the sacrum for near two years; that these had then become more frequent, accompanied with pain across the loins, sense of weight within the pelvis, and bearing down; and that she was much troubled with dyspeptic symptoms; catamenia irregular. Mrs. J. was 44 years old, had enjoyed good health till within the last four years, was married at the age of 21, and had two children. In a few years her husband died, and since then she has led an irregular life. She states that her father died of a cancerous disease of the breast; that it was extirpated twice, and subsequently once from the axilla; that at length he died, after suffering severely for several years.

The removal of the neck of the uterus was now proposed, but not assented to.

In July 1828, I was again requested to visit her. Various remedies had been used under the care of a physician, with no permanent benefit. Frequent hæmorrhages, to a greater or less extent, had taken place; the pains were increased, and a quantity of bloody offensive matter had passed some weeks previously per vaginam.

On examination I found ulceration to a small extent on one side of the os uteri, and the general health was evidently impaired. In this state she determined to undergo the operation, which, however, I thought would be unjustifiable, as no boundary to the disease could be perceived by the most careful examination, the hardness of the neck appearing to extend to the body of the uterus, as far as could be felt. In this state she continued until the beginning of August, when I mentioned to her the case which had occurred to Dr. Blundell, with its dangers, informing her at the same time that his patient had recovered. She consented to the performance of the opera-

tion, and requested it might be done without delay. The following operation was therefore performed at noon of the 2d of September, with the assistance of the following gentlemen:—Dr. Renwick, Mr. Bickersteth, Mr. Dawson, and Mr. Halton, of the Infirmary; and my colleague at the Dispensary, Mr. Wainwright.

The patient being placed on her back, as for the operation of lithotomy, but without tying the hands or feet, Weiss's speculum vaginæ was introduced, and held by an assistant; a strong hook was passed into the anterior part of the cervix, and the uterus drawn down, with little difficulty or pain, to about half an inch from the os externum. A strong aneurism needle, with a handle, having its extremity pointed, and armed with a double ligature, was then passed through the neck of the uterus, the hook withdrawn, and the ligature held by an assistant whilst the speculum was also removed, and the labia held out of the way by those on each side. I then made a semi-circular incision on the inferior part of the cervix, through the vagina and peritoneum, and widened it with a hernia knife from one broad ligament to the other. Afterwards a similar incision was made at the superior part, and extended as before, so that the broad ligaments and Fallopian tubes only remained to be divided; to accomplish this, I first passed the index finger of the left hand through the upper opening, and the middle through the lower, including the right broad ligament between them: I then carefully made an incision with a scalpel between the fingers and uterus, close to its body. The nearest part of the included portion was thus divided, and was attended with slight hæmorrhage. Some time was lost in endeavouring to secure the bleeding vessel, which, however, proved unsuccessful: the hæmorrhage not being very profuse, I proceeded with the operation; but finding the former plan tedious and difficult, I brought down the fundus by passing two fingers through the upper opening, and then the strong hook between the hand and uterus, the point of which was easily pressed into the fundus, and thus the object was quickly accomplished. The Fallopian tubes and remaining part of the broad ligaments were now distinctly seen, and by passing the fingers beneath them, were divided with the common scalpel, close to the uterus. This was

by far the most painful part of the operation. During the operation the patient was troubled with retching; about $\frac{3}{4}$ vi. of blood were lost; the intestines did not protrude nor interfere with any part of the process. Immediately after the patient was as well as could be expected, no hæmorrhage appeared to exist, and she was put into bed. In the course of twenty minutes or half an hour she vomited severely, and became very faint; a coagulum of about eight ounces was expelled. Vinegar and water were applied to the abdomen and upper part of the thighs; she then rallied, and after some time complained of pain at the lower part of the abdomen, and the vomiting recurring, another coagulum, rather larger than the first, came away; she now became in a state of syncope; the retching remained severe, and almost incessant; 100 drops of tincture of opium were given, but immediately rejected; small quantities of brandy were administered, the cold cloths continued, and the patient kept in the horizontal position. The hæmorrhage did not return after the expulsion of the second coagulum, and the pain in the abdomen had subsided. She again rallied a little, and in the evening, as the vomiting continued extremely distressing, two grains of opium were given. The patient was relieved for two hours—the symptoms then returned, and four grains were given, which gave relief for the same length of time as the first dose.

Sept. 3, *Mane*.—Passed a very restless night; countenance pale and dejected; pulse 96 and weak; skin moist and of a natural temperature; slight pain in the abdomen and back; vomiting less frequent.

Meridie.—Slight distention of the abdomen, especially over the pubes; has not passed any urine since the operation, nor had any evacuation from the rectum. The catheter was introduced, and 12 ounces of high-coloured urine withdrawn; afterwards the tension was much diminished.

Vespere.—Bowels purged freely by injections, and small doses of the sulphate of magnesia in infusion of roses; vomiting and pain relieved.

Sept. 4, *Mane*.—Better night, having slept a little; general appearance as yesterday; pain in abdomen slightly increased on pressure; little or no tension; pulse 94, rather fuller; vomiting

much the same; tongue slightly furred; complains of great thirst; bowels freely open; passed urine twice.

Meridie.—Pulse 106, harder; pain and tension slightly increased; bowels open; 24 leeches were applied.

Vespere.—Pain little abated; pulse remains quick, and rather hard; V. S. to syncope; 12 ounces were taken away.

5th, *Mane*.—Restless night; pain relieved after the bleeding; the abdomen remains slightly distended, and somewhat tender on pressure. Bowels well opened; vomiting continues, and appears to produce great exhaustion; pulse 120, small and weak. The mustard cataplasm was applied, which in about 20 minutes relieved the vomiting.

Meridie.—Pain and tension less; vomiting and thirst much abated.

Vespere.—The symptoms last mentioned rather worse; pulse 130, and weaker; countenance very anxious; cold sweats.

6th.—After passing a very restless night, and the symptoms continuing with greater violence, died at 6 A.M.

The above are the most prominent symptoms that occurred. I have thought it unnecessary to make a longer detail of the treatment as it was not attended with a fortunate result, and was only that usually employed after hernia and similar operations. It of course consisted of general and local bleeding, with the exhibition of purgatives as far as the condition of the patient appeared to warrant.

The appearance of the Uterus.—The uterus was much larger than in the healthy state; several tubercles of various sizes were loosely attached to the body and fundus; they were round and very hard. The cervix and body were considerably thicker and harder than natural; ulceration had taken place on the os uteri, particularly at the lower lip; a section exhibited the common appearance of scirrhus; a circumscribed hardness was very perceptible, extending from the cervix to the body on the left side; several small, round, hard tumors were imbedded in the substance of the fundus.

Examination five hours after Death.—No tension of the abdomen. On exposing the cavity the omentum and intestines were found highly inflamed, and adherent to each other by an effusion of lymph; several folds of small

intestine filled the pelvis, and were more inflamed and adherent than those above. The lowest convolutions were firmly adhering to the cut surfaces made in the operation and to each other, so as completely to close the aperture from within; and only a small quantity of serum was effused. The bladder remained in situ.

The peritoneum lining the pelvis had in general a greenish and somewhat dull appearance, which by some present was thought to be of a gangrenous character, but its texture was perfectly firm and unyielding. The ovaria were retained in their usual position by the remainder of the round and broad ligaments. The fimbriated extremity of the left fallopian tube was found closed and distended with serum nearly to the size of a hen's egg, and gradually narrowing along an inch of the tube to a point, where it was again closed. The ovaria were as usual in persons who had borne children, being flattened and corrugated, as if covered with cicatrices. The duplicatures of peritoneum forming the broad ligaments were more separated below than above, where they inclose the ovaria, and were thus kept in union. A very careful examination was made to discover, if possible, the source of the hæmorrhage; the arteries were probably retracted, as none divided could be found; but the mouths of several considerable veins were seen distinctly on the right side, where the layers of the broad ligament were separated, and traced to the plexus at the side of the pelvis. The branches of the internal iliac on this side, and the spermatic arteries, were examined, but no irregularity as to size or distribution was discovered.

The following are a few observations I beg to offer upon the above operation and its consequences.

1. I think it due to myself and the profession to state that it was not precipitately done. I had been in attendance more or less constantly for sixteen months. The woman was in great, and almost constant, pain; rendered unable to follow any occupation, and was extremely anxious to have some method of relief attempted. The disease was advancing—the operation and its dangers were fairly explained, and she persisted in wishing its performance. These circumstances appear to me absolutely requisite, to warrant the

performance of so formidable an operation. Dr. Blundell appears to have taken the same view of the case.

2. The operation performed on this occasion, I conceive, admits of more safety and expedition than that performed by Dr. Blundell. There was no difficulty, nor much pain, in drawing down the cervix uteri within sight, when two important parts of the operation could be performed without any danger of wounding either the bladder or rectum.

The fundus uteri was brought down through the superior opening, and which, as it is thus brought in the direction of the round ligaments, appears preferable to bringing it through the lower one. Whether it would be better, in a future attempt at this operation, to divide the broad ligaments in situ, without bringing down the fundus, which certainly commits a degree of violence on the parts, I leave for experience to decide. I found it more difficult than I had anticipated, from the great depth I had to reach; and after making one or two attempts, and wishing to shorten the operation as much as possible, I desisted.

3. The hæmorrhage, at least as far as a careful examination of arteries uninjected may be depended upon, arose, not from the division of any vessel that ought not to have been divided, but chiefly from those common to the uterus. One or two rather large veins coming off from the plexus at the side of the pelvis were found divided; and when it is remembered that these veins have not any valves, it is not unlikely a very considerable hæmorrhage may have proceeded from this source alone.

The operation lasted 25 minutes, and would have been much shorter if some time had not been lost in endeavouring to secure the bleeding vessel.

DISLOCATION OF THE THIGH.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IF the enclosed case should appear to you deserving of a place in the Medical Gazette, it is much at your service.

I am, Gentlemen,

Your obedient servant,

WILLSON BROWN,

Surgeon to the Bath United Hospital.

Bath, Sept. 30th, 1828.

A. B. aged 45, a man of weakly constitution, dislocated his left thigh upon the dorsum of the ilium. The accident was produced by slipping from an elevated foot-path into the carriage-road, a height of not more than 18 inches.

The nature of the injury was well marked: the thigh was three inches shorter than the sound limb; the knee and foot so much turned inwards that the former appeared to cross the other thigh. Rotation outwards was so limited that the foot could not be everted in the slightest degree, nor could I flex the thigh upon the pelvis beyond the slightly bent position in which I found it dangling across the sound limb, on the instep of which the hollow of the foot appeared to rest.

My patient was returning from a midnight party when the accident happened; it was, therefore, so late when I was called to him that I was unable to procure any assistants except his son (a youth) and a mechanic who lived next door.

As he had drank rather freely I gave him a grain of tartar emetic, and proceeded to attempt the reduction. After making steady extension for about five minutes, we all heard the head of the bone apparently go in with a snap. The motion of the joint appeared to be restored; I could bend the thigh slightly without giving him much pain; and I was inclined to believe that the reason why flexion was not more perfectly performed arose merely from the violence so recently inflicted upon the parts. Finding, however, that the limb was still a little shorter than the other, I could not feel satisfied that the head of the bone was lodged in the acetabulum; and upon farther examination I perceived that it rested in the ischiadic notch, into which it had more readily passed than, with our inadequate means, over the brim of the acetabulum. Under these circumstances I left him for a few hours, and in the morning Mr. Gore was so good as to see him with me, and confirmed my view of the case.

The parts were then in the following condition:—the left limb three-quarters of an inch shorter than the right; the knee and foot very much turned inwards, and incapable of eversion, and the point of the great toe touching the ball of the great toe of the sound limb. All these appearances were most striking when the man was prevailed upon to stand

up for examination; at which time he described the pain arising from the pressure of the head of the bone upon the sciatic nerve as being excruciating.

The reduction was easily effected by means of the pullies. The pelvis and hook for the pullies being fixed, Mr. Gore made gentle extension, whilst I attended to the head of the bone, which we could perceive gradually receding to the brim of the acetabulum; when, by depressing the knee and elevating the upper end of the bone with a towel, I lifted it into the socket. The reduction was accomplished in about four minutes, and was evidently attended with a slight jerk.

For the first few days the pain in the thigh was so considerable as to prevent his sleeping; after that period, however, he had not any unpleasant symptoms, and at the end of a fortnight he was in a state that permitted his taking moderate exercise.

ON THE CURE OF CONSUMPTION.

NO. I.

NEARLY fifty years ago the newspapers and public journals abounded with advertisements, paragraphs, and letters, boldly asserting that a certain cure had been found for one of the most destructive diseases to which this nation is subject — pulmonary consumption. The names of persons of high rank in the peerage, those of men distinguished by literary and scientific pursuits, with a long enumeration of ladies of rank, mothers of families, &c. were published in attestation of the cures which were said to be performed by this remedy in their own families, and among their own friends. Some individuals did not scruple to assert, upon their solemn oaths, that they had laboured under *true* consumption, and had been cured by this infallible remedy; and cases were detailed, describing with so much accuracy the symptoms of phthisis, viz. cough, quickness of pulse, spitting of blood, pain in the chest, emaciation, night sweats, &c. as to deceive all the ordinary readers of newspapers.

The evidence brought forward was indeed so convincing, that not a word was allowed to be spoken against it; and did it so happen that a physician ventured to express a doubt upon the subject—if he questioned the reality of

the disease, or intimated a suspicion that the patient was either a dupe or a knave, he was assailed with the epithets "self-interested," "illiberal," "prejudiced," &c.; or was charged with wilfully shutting his eyes to the truth, or of attachment to antiquated notions, which would prompt him to let his patients die under the old regimen, rather than give them the advantage of new remedies; in short, he was looked upon as a hardened sinner, whose mind was incapable of being enlightened.

Thus the fame of this medicine seemed established as upon a rock: far and wide it was dispersed among multitudes, who really were, or who were supposed to be, consumptive; and the inventor soon accumulated vast riches. Meanwhile (as a reference to the bills of mortality will shew) consumption continued its ravages unabated; nay, even at the time when this wonderful medicine was at the height of its celebrity, when thousands of bottles were yearly consumed, the annual average of deaths by consumption rather increased—a very convincing proof of the little actual value of the *celebrated* vegetable balsam.

Is there now to be found a single individual who professes to believe that this medicine will cure consumption?

Subsequently several other empirics followed in the wake of this giant balsam; and if the advertisers' assertions were to be credited, pulmonary consumption, in its most aggravated form, was to be cured by their nostrums; every symptom of the disease was to yield, one after another, to the all-powerful remedy; and he who, to use the vulgar phraseology, was "coughing up his very lungs one month," was sure to have them completely regenerated before the end of the next. Unfortunately for the proprietors of these medicines, they had neither peers of the realm, nor members of parliament, nor philosophical and literary men, nor scientific ladies, to attest the efficacy of their medicines; so that they soon fell into deserved oblivion, and the projectors were disappointed of making fortunes.

That medicines, invented by men ignorant of every principle of the art, should fail to cure consumption, cannot excite much surprise: but were these the only proposers of remedies for this disease? Most certainly not.

Physicians of the highest character and attainments have entertained and held out to the world hopes of curing, by various remedies, this afflicting malady. Unfortunately their most sanguine expectations have been disappointed. The broad line of distinction, however, between the honest physician and the Charlatan, has always been observed: the physician has published to the world the method he has been induced to adopt—the Charlatan has always enveloped his proposed remedy in impenetrable darkness and secrecy.

A new aspirant to the honour of having discovered a cure for phthisis has lately appeared, and he has had the good fortune to be patronised and recommended to the notice of the public by more than one person of literary celebrity. The consequence is, that many who are, or who are supposed to be consumptive, have been placed under his care. Whether he be a mere pretender, or whether he be in possession of any means of curing this complaint, time will discover; one thing is certain, and it casts a most woful suspicion over the whole business—he *fears* the scrutinizing eye of inquiry—he *dares not* open his method to investigation.

ΙΑΠΑΝΘΡΩΠΙΟΣ.

REGULATIONS OF THE APOTHECARIES' COMPANY.

To the Editors of the London Medical Gazette.

GENTLEMEN,

THE last Number of the Gazette contains the new regulations of the Apothecaries' Company, which, though dated Sept. 25, have only been in circulation since the 1st of October, and are still very far from being generally known. After careful perusal of them, there are some points about which I am left in uncertainty; and as the anxious wish of the Company must be to have their meaning clearly understood, perhaps you will permit me, through the medium of your widely circulated Journal, to state my difficulties, nowise doubting but that they will meet with attention from that body, whose exertions for the general benefit of the profession I shall ever be the foremost to acknowledge.

Allow me, Gentlemen, to recal to your

recollection that towards the close of last year the Apothecaries' Company published a *new* set of regulations for the education of the youth who were to appear before them. These were expressly declared not to come into force until the 1st February, 1828; and it was pretty generally understood that they would not be acted upon until the period at which we are now arrived. Upon this new set of regulations you commented in your Number for Saturday, Dec. 22, 1827. They were extensively circulated in the country, and of course became the guide by which those young men regulated their plans whose career in London is now commencing. On their arrival, however, they find the regulations of December, 1827, superseded by those of Sept. 1828, although the former have not yet been acted upon. They naturally inquire, therefore, whether the recent code is intended to apply to those who came to town on the faith of the regulations of Dec. 1827. My first question therefore is, whether the young men now commencing their studies are required to attend *one* course of chemistry and *one* of materia medica, according to the code of Dec. 1827, or *two* courses of chemistry and *two* of materia medica, with two of anatomical demonstrations, as required by that recently issued?—for these are the points in which they severally differ. I cannot doubt but that the Court of Examiners will express themselves satisfied with the former course of study from young men so circumstanced: nevertheless it will be satisfactory to know that such is really the case.

In a note appended to the late regulations, it is stated that all candidates *applying for examination* after Oct. 1, 1829, will be required to produce evidence of having attended the physician's practice for nine or twelve months, instead of six and nine, as formerly. Under the terms of this clause it is difficult to say whether it is intended to apply to the beginners of the present season or not: the periods of six and nine appearing in the body of the regulations sanction the supposition that it is *not* intended to apply to them. Nevertheless, as young men commencing their studies at this period cannot, under the most favourable circumstances, appear for examination prior to the 1st Nov. 1829, this regulation

would seem to *include* them. It is desirable, therefore, to know whether young men who came to London on the 1st Oct. 1828, under the impression of having to attend hospital or dispensary practice for six or nine months, are expected to conform to a regulation promulgated since their arrival in town?

These are the difficulties which have occurred to me on a careful perusal of the new regulations of the Apothecaries' Company. A few words of explanation will suffice to remove them; and I feel assured, from the well-known liberality of the gentlemen composing that most respectable body, that they will be such as will give perfect satisfaction to all parties. I have the honour to be, Gentlemen,

Your very obedient humble servant,
AN INQUIRER.

London, Oct. 4, 1828.

MR. JONES'S ANSWER*.

To the Editor of the London Medical Gazette.

SIR,

YOUR last Gazette contains a severe accusation against my colleagues and myself, under the title of "a new bait for pupils." You affirm that because we state that we will guarantee to pupils the passing their examinations for a stipulated sum we are guilty of *quackery*. To this charge we reply nothing: for even if the expression in question were allowed to be too strong, yet we do not apprehend that any one whose opinion we should value is likely to accuse us of *intending* any thing of the kind.

But you ask "what is the guarantee?" We answer, simply our word. Of the reliance that may be placed on this, every pupil who was sceptical would satisfy himself by referring to those who had previously attended our courses. Those who had more sense would naturally feel fully confident that they might safely trust themselves to the honour of their teachers, being well aware that no stronger guarantee could be held over the heads of men dependent for success as lecturers on the opinion of the public, than the power of exposing them if they failed in their promises.

You next ask whether we mean to return a rejected pupil his money, or

* A few words in reply will be found in our leading article—ED. G.

compensate him for the time he may have *wasted* in attending our lectures? The question is not worth a reply. It is quite clear that, as soon as a pupil began to find himself so aggrieved as to ask for a compensation and a return of money, it would be our policy to satisfy him at any expense, or our school would be at an end. But we anticipate no such result. When a man undertakes to teach another a science, it is implied that the pupil shall endeavour to learn it by conforming to the discipline recommended by his teacher. With this proviso we stand to the word guarantee. We will not retract it either on the ground of propriety or taste. We profess, along with others, to instruct medical students in their profession, and we promise they shall pass their examination, because we shall not give them a certificate until they are fit to pass. From the known character and respectability of the examiners, we feel confident that to pass and to be fit to pass will be the same thing.

I am, Sir,

Your obedient servant,

WM. GREVILLE JONES.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

BURROWS ON SUICIDE.*

(Continued from page 501.)

COMMENTARY VIII.

Suicide.—As this is regarded by Dr. Burrows merely as a symptom of deranged intellect it would not be entitled to consideration in a separate chapter except on account of its frequency, and the importance of its effects on society. Suicide, observes our author, is committed under very opposite impulses, and under certain circumstances it may appear doubtful whether it be not sometimes perpetrated by a sane mind. Sometimes the tendency is hereditary, and the deed itself is done without any assignable cause. Sometimes it is the result of premeditation, to escape from some moral or physical evil. Falret, in his work on suicide, states that the encephalon is almost always primarily

affected; and, consequently, that lesions of remote organs are very rarely the true causes of suicide; and he particularly contradicts the opinion that lesions of the liver, or concretions in the biliary ducts, are frequent in suicides. Dr. Burrows again, states, that where jaundice has been threatened the operation of a brisk purgative, which has evacuated a quantity of vitiated bile, has quite removed a sudden propensity to suicide in some, and very often diminished it in others; and that he has frequently seen the tendency to suicide removed by an attack of bilious diarrhœa. He concludes that—

“ Although actual disease of the liver in cases of suicide be rare, and concretions are seldom found, yet a diseased hepatic action may exist, and the ducts in consequence be irritated by the passage of vitiated bile; and hence the brain, through the nervous influence, be sympathetically affected, and the mental depression prompting suicide induced.”

With regard to the various attempts which have been made to detect the proximate cause of suicide, the author justly observes that we might as well expect by dissection to discover why a madman thinks himself “ a deity, an emperor, or a mushroom,” as to ascertain the physical cause of his killing himself; and, accordingly, anatomical researches on this point have detected nothing more than the general pathological phenomena attendant on mental derangement.

It would be tedious to enumerate the states of mind which tend to the act of suicide, nor is novelty to be expected on so exhausted a subject. We shall merely remark, then, that however paradoxical it may appear, the fear of damnation would seem to be one of the most frequent causes of suicide; and, perhaps, next to it, the apprehension of want. Darwin says, that the fear of poverty has caused more suicides than any maniacal delirium, except the fear of hell; and Dr. Burrows perfectly agrees with him.

In the perpetration of the fatal deed much depends upon circumstances; for example, whether the means present themselves at the moment of despair, for the impulse is sometimes momentary, and if opportunity then invites, that moment is fatal.

“ There was recently an afflicting

* From Burrows's Commentaries on Insanity.

illustration of this state of mind in the suicide committed by a celebrated accoucheur. Depressed and agitated by the melancholy event of a case in which the whole country were equally interested and disappointed, and harassed by an attendance which too painfully reminded him of all the circumstances connected with it, the instruments by chance offered, he yielded to the temptation, and immediately shot himself."

As illustrating the effect of grief upon a susceptible mind, not regulated by proper religious feelings, the following interesting case is related.

"A gentleman, of a family of rank, and distinguished for talent, married, early in life, the object of his most ardent affections. He possesses extreme susceptibility, with a most highly cultivated and refined mind. It may be remarked as a constitutional peculiarity, that his natural pulse does not exceed forty strokes in the minute. When any thing suddenly occurs to agitate him, it produces an attack of fever, and his pulse is accelerated in an astonishing manner. He is then, as he describes, all over pulses.

"Though in ordinary affairs a man of firm resolution and great spirit, yet when this paroxysm happens he is seized with such a panic or impulse that he knows not what he does, and he is unnerved for days.

"His lady being well acquainted with the infirmities of his constitution, by her good sense and soothing rendered him a happier man than he ever had been. Most unfortunately she died in the first year of marriage. His grief was excessive; and even when time had abated its poignancy, he remained very miserable. His thoughts were always reverting to the virtues of her whom he had lost, and the comparative happiness he had enjoyed in her society.

"He tried every thing to divert his melancholy; but those impulses would follow reflection, and then his ideas reverted to self-destruction. He reasoned with himself upon the subject, till he confessed he had become an infidel in religion, and could no longer view the act as wicked.

"I had an opportunity of knowing the exact state of his mind during this struggle, from perusing some notes which he had written describing it. He expressed himself with the utmost tenderness

and affection in respect to his departed wife, and of his intention of soon joining her by a voluntary death; not, however, in Heaven, but in Elysium.

"One night, after having been occupied in reading to some dear relations, and apparently much enjoying the subject, he retired to his chamber. He undressed, and dismissed his valet. His gloomy reflections recurred. One of these strange impulses came over him; he seized a pistol, and discharged it: it failed of effect. He fired another: he wounded himself severely, but not mortally; neither was the effusion of blood great. He then called for assistance. Little constitutional disturbance followed, and the wound readily healed.

"It was while confined from the effect of his wound that I was consulted.

"I could not in conversation detect the slightest aberration of mind, nor was there a trait in his countenance of a propensity to suicide. He freely conversed on his past and present situation and opinions; was perfectly willing to submit to any supervision I might advise, or plan I could suggest, that might divert his reflections, and bring him into a better and happier frame of mind.

"By degrees he acquired more composure. He afterwards travelled on the continent for a year and a half. Upon his return he seemed much improved in general appearance, and I thought more so in spirits than he was willing to admit. Nothing, however, has conquered his constitutional susceptibility. The only means of reconciling this gentleman to himself and life is to be constantly engaged in some active occupation suitable to his talents, or, if he could be as fortunate as before, again to enter into the marriage state."

The perseverance with which the means of destruction are sought after by persons determined on suicide is strongly shewn by two instances mentioned by our author. A woman occupied several successive weeks in collecting small quantities of oxymuriate of mercury, which she then administered to herself and three children, so as to destroy herself and them. The following is still more remarkable: a gentleman obtained one grain of opium every day for *eighty days*, under the pretence that he could not sleep without it; he then swallowed the whole to destroy himself.

But the perseverance with which an individual bent on suicide will follow up his purpose, is perhaps still more strikingly illustrated by the following case.

“ A medical friend, travelling over Shooter’s Hill, observed a gentleman walking up it, his carriage following him. When opposite to each other, the stranger suddenly fell on his knees in the dirt, and lifted up his hands as if in earnest prayer. My friend stopped his post-chaise at so extraordinary a sight, and soon found by his looks and manners that the poor gentleman was insane. He immediately accompanied him back to London, and placed him under my care till his relations were informed of his state. I afterwards continued in attendance.

“ The history of the case was this :— The patient was a cavalry officer of rank, aged thirty-five, and had particularly distinguished himself at the then recent battle of Waterloo. On that occasion he had two horses killed under him, and was himself wounded in four places: he was first struck on the crown of his helmet by the splinter of a shell, which wounded the scalp and stunned him; he was next shot through the fleshy part of the thigh by a grape shot, which, at the same time, killed his first horse: from these two wounds he lost much blood. While lying under his second horse, he was pierced in the groin by a lance; and in this helpless condition he received from a French drummer, who was rifling the dead and dying, a violent blow on the temple from the butt-end of a musket, from the effects of which he remained some time insensible. He was afterwards conveyed in a most deplorable state as a prisoner within the French lines; and though released the same evening by the victorious allies, a long while elapsed before his wounds and exhausted condition received any attention. He inherited a predisposition to insanity, and was naturally reserved, diffident, and taciturn, but affectionate and generous. When he recovered from his wounds, he often complained of pains in his head; and it was observed that his temper became fretful and suspicious, that he slept ill, was depressed in spirits, and courted solitude. These symptoms increased latterly. At length he imagined himself the sport of his brother officers, and many other delu-

sions arose. There was a moral cause likewise operating, which, on a constitution that had recently received so severe a shock, no doubt greatly influenced his disorder. He had applied for promotion in consequence of his sufferings in the service. This was withheld, as he thought ungraciously, and too long; and when he was raised a step, his mind was already too much disturbed duly to appreciate it. The anniversary of the glorious battle of Waterloo was just passed, and the recollection of it was painful to him.

“ In this state he came to town, as I have described. He was exceedingly sober and temperate by habit; but dining the day before with a brother officer, he was persuaded to commit an unusual excess in wine, with the hope of raising his spirits. This proved a match to the mine. It exploded; and his intellects became completely deranged. I found him with his countenance very wild, the eyes injected and pupils contracted, pulse quick and weak, tongue white, and great thirst. He had had no sleep for five nights. Sometimes exalted, violent, and loquacious; sometimes depressed and taciturn. He was rather languid, which I imputed to his having within the last hour lost full twenty ounces of blood from the rupture of an hæmorrhoidal vessel.

“ It is not necessary to detail the medical treatment adopted, but I will proceed to those points in the case which are relevant. He was placed in lodgings with a careful attendant. In about three weeks he was nearly well, when, unluckily, a whitlow formed on his finger, and as one of his delusions was, that he was rotten in every part, it was the cause, besides pain, of considerable irritation, and it broke his rest. Other of his delusions returned, but subsided with the pain of the whitlow; and he again greatly improved. In six weeks he was so well that I took my leave, advising him to travel during the remainder of the autumn. The next day some domestic occurrence occasioned violent irritation, and he again relapsed into despondency, unattended by paroxysms of violence; but he shortly recovered. However, instead of going into the country and varying the scene, his lady brought him into town, and permitted unrestricted intercourse with his relations, &c. He

grew worse, quarrelsome and suspicious, and very low spirited, and began to accuse his wife. I then earnestly recommended that he should be completely separated from all intercourse with her and his connexions; but my advice was disregarded.

"A boil now formed *juxta anum*. This irritated him more than the whitlow, and his delusions about his rottenness were more prominent than ever; but when the boil suppurated and discharged, his mind again improved. No persuasion could induce his friends to give him exercise or diversion, or to change the scene. He therefore sat all day brooding over his fantasies, and reading religious books; for now there was added to his delusions an impression that he was very wicked, and had neglected his religious duties. His face, too, assumed the suicidal expression. A month afterwards a consultation with two eminent physicians confirmed my opinion of the treatment to be pursued. But, notwithstanding this consultation, all remedial aid was neglected, and he was allowed to follow his inclinations both in religious matters and in totally secluding himself. In about three weeks all the symptoms were so much exasperated that he was sent to a private asylum. A few days afterwards, while walking out, he tried to drown himself, but was rescued by his keeper. He continued in this desponding state some months, when, rather suddenly, he appeared much better; and continuing to improve, his physician thought him well, and he returned home. Two days only had passed, when he called on the same physician, acknowledged that he was as bad as ever, and entreated earnestly that he might again be received into his house. He was so on that day. The next he poisoned himself and died.

"It proved that he had never abandoned the desire of committing suicide; but he so well concealed it and otherwise conducted himself, as to lead to the conclusion that he was recovered. It was in fact a scheme, the sole object of which was to get out and buy laudanum. Having procured a sufficient quantity, but anxious to save his wife the agony of witnessing the act he meditated, he preferred returning to the asylum to execute it."

Dr. Burrows knew one, and has heard of two others, who destroyed them-

selves on returning from the funeral of a friend who had committed suicide.

Numerous other instances are given which tend to shew the force of example in leading to self-destruction; and there would even appear to be a fashion as to the mode of death; nay, there is even a national taste in these matters. Englishmen prefer shooting themselves or cutting their throats. The Prussians rather like hanging; and the French not unfrequently perform the act in public, by jumping off a bridge or some conspicuous elevation. This, our author observes, is the *ne plus ultra*, and gives great éclat to the character of suicide.

Climate and season are both supposed to have an influence on suicide. According to Dr. Burrows this is incorrect, although more suicides take place in the colder countries of Europe than in the hotter. "Gloomy November," however, which has borne so bad a character, produces fewer suicides, at least in London and Paris, than any other month.

Dr. Burrows thinks suicidal mania is on the increase; a circumstance which (besides the ordinary causes pointed out) he regards as depending, in a great measure, upon "the rapid and immense increase of periodical journals." The manner in which these operate is by rendering the minds of the people familiar with objects of horror, by constantly inserting detailed accounts of murders, suicides, and other crimes. Were these to be less noticed they would be less frequent.

The treatment of the propensity to suicide does not differ from that of ordinary cases of insanity. Avenbrugger recommends cold water as almost a specific, and he directs a pint to be taken every hour; a prescription rather more easily enjoined than enforced. Dr. Burrows speaks favourably of emetics and of calomel, followed by a brisk purgative. He likewise mentions warm bathing "daily, and prolonged for an hour or more," with, at the same time, cold applications to the head by a slight *douche*. In some cases, and especially where the propensity to suicide has originated in excessive grief, blood-letting, either locally or generally, will frequently suspend the symptoms. The author is much against the employment of surprise or fright. The superintendant of St. Luke's stated

that during thirty years he had never known suicide attempted in the presence of other persons. Dr. Burrows, again, has known many such: the following is one of them:—

“A medical friend, who had much enjoyed life, and never met with any circumstance to occasion him particular disquietude, when at about the age of forty-five became very dyspeptic, low-spirited, and listless. He gradually shunned society; but still, though with great reluctance, pursued his professional avocations. This depression increased so much, that he often told his wife he would consult me. He knew very well that both his father and grandfather had destroyed themselves.

“One morning he kept in bed much longer than usual, and a relation calling, went up, without being announced, to see him. He seemed confused, at length complained of being very faint, and upon raising him up blood was perceived on his hands. Upon examination it was discovered, that at the moment his friend entered his chamber he was employed in opening the femoral artery with a pen-knife! He missed the artery, but there had been a considerable hæmorrhage from the small vessels which he had divided.

“I saw him within an hour afterwards. He had recovered from the syncope, and expressed great sorrow for what he had done; described with minuteness his case; lamented he had not seen me sooner, but that he could not muster sufficient resolution; consented to place himself under superintendence; and, in fact, to follow all my directions.

“I placed him in charge of a careful keeper. It was agreed he was to be removed into lodgings in the environs of town, and be there submitted to the necessary remedial treatment.

“He remained two days at home till lodgings could be procured, during which he was calm and appeared rational; but there existed the suicidal eye, which sufficiently denoted he was not to be trusted.

“On the third morning, his keeper having a violent attack of rheumatism in his right arm, could not shave him, and another person was obliged to be trusted. This person, unfortunately, laid a razor on the dressing-table; and while his face was turned away, and the keeper was heating some water a few feet only from the table, the patient

suddenly jumped up, seized the razor, and in an instant, at a stroke, divided one of the carotid arteries!”

* No dependance whatever ought to be placed on the patient when the disposition to suicide exists; but, on the contrary, the strictest supervision adopted: at the same time the appearance of suspicion is to be avoided, and this is often difficult to combine with a due regard to the patient's safety.

Journal of Morbid Anatomy, Ophthalmic Medicine, and Pharmaceutical Analysis; with Medico-Botanical Transactions, communicated by the Medico-Botanical Society of London.
Longman and Co. 1828.

THE first part of this Journal which attracted our notice was the title page. It appears to us rather an odd combination—nor is it easy to perceive on what principle the choice of its component parts has been made. Dr. Farre, under whose auspices the present publication appears, has long been known as a distinguished pathologist and talented physician, and therefore any thing bearing his name is entitled to our attention: but we must be allowed to doubt whether conducting the Journal of “Morbid Anatomy, Ophthalmic Medicine, Pharmaceutical Analysis, and Medico-Botanical Transactions,” will prove a task suited to his taste or habits. In the present Number we have too much of other people and too little of the Doctor himself.

Parts of the Journal, we are told, are to be published at Midsummer and Christmas, if the Editor's health permit, and occasionally, in the intervals, plates in imperial quarto. What connexion such plates can have with the Journal it is not very easy to divine; but we shall be most happy to see the series of engravings, which have been so long interrupted, renewed again.

An introductory and leading article contains some editorial remarks upon the different subjects treated of in the Number: some of these we shall introduce, under the particular departments to which they apply.

The proper business of the number commences with some documents relative to the Calcutta Eye Infirmary, which are any thing but satisfactory; for it appears that the numbers who ap-

ply for relief are so small that, as Mr. Travers observes in a letter to Dr. Farre, it leads to the conclusion "that it was not called for, or is not supported as it ought to be." This is followed by some observations on the use of the Hindostanee couching-needle, but which instrument is not described—nor is the omission of much importance, as the reporter does not speak of it favourably. This department is concluded by two reports relative to the Madras Eye Infirmary, dated July, 1821, and January, 1823.

Dr. Farre alludes to the reports of Mr. Richmond* (which appear to us much more interesting than those before us), and makes the following remarks on his mode of operating.

"Mr. Richmond attributes his remarkable success principally to the smallness and delicacy of the needle with which he operates. He uses one of the common London needles, ground down to a great degree of delicacy, its handle being cut off, that the instrument may lie concealed in his hand during the operation. To manage the natives of India, he finds that it is absolutely necessary to do much with one stroke of the instrument: light must be given in one instant, and with as little pain as possible. In introducing the needle into the eye, he takes care not to pass it in a bending or yielding position, and he is of opinion, that with a highly polished instrument the operation of couching may be always performed, and the cataract, if hard, laid down below the axis of vision so as never to rise, without the patient feeling any more pain than that of blood-letting, and frequently not so much. But as a soft cataract will not bear the pressure of the needle, and requires time for its removal from the axis of vision, he always apprises his patients of this probable incident. Mr. Twining gives credit to some old women in England, who had succeeded tolerably well in couching with a common stocking-needle. Be this as it may, Hey appears to have been the first surgeon whose common sense led him to reduce the size of the couching-needle. But whoever attempts to operate with it, will soon perceive how much the bluntness of the instrument interferes with the success of the operation, and if he then compare it

with the small needle of Saunders, he will be instantly convinced of the superior power of the latter instrument, and the far greater facility with which it enables him either to depress the lens, or to perform the Saunderian operation for its solution *in situ*. Mr. Richmond has taken especial pains to grind his needle down to a still greater degree of delicacy, and more highly to polish it: his instrument and his success are worthy of the attention of the profession."

We next come to a series of cases of disease of the heart; the first of which is one of

Rupture of the Right Auricle.

Mr. Rutherford, of the Commercial Road, was called on the 10th Nov. 1825, to a young woman, aged 24, who had had a fit resembling epilepsy. She was, when seized, unable to speak, and felt very cold. She had some brandy and water administered, after which she complained of much throbbing in her head, with confusion, and some vomiting. The pulse was hard and frequent (100 to 110), but regular.

Leeches were applied to the temples, a blister to the pit of the stomach, and she was purged. Next day she was rather better, and was ordered ten drops of digitalis (we presume the tincture) every six hours; and the dose was afterwards increased.

Nov. 14th.—She complained of pain in her chest, and the pulse was still hard. Mr. Rutherford took twelve ounces of blood from her arm; it flowed in a full stream, but produced no alteration in the pulse, though she said she was relieved.

"She did not shew the slightest disposition to faint after the bleeding, but on lying down she suddenly exclaimed, 'Oh dear, my heart! it will certainly burst: my feet feel so strange, they are quite dead: pray, put your hand on my heart, sir; it will come out.' I went immediately round to her bed-side, when she expired in my arms in a state similar to fainting.

"On examining the body, the viscera in general were found to be in a healthy state: there were slight adhesions of the lungs to the pleura; but the pericardium was much thickened, as if from previous inflammatory action, and distended. On opening it, a mass of dark coagulated blood presented itself, the heart being completely buried beneath

* They were published about two years ago, in the Medical and Physical Journal.

its surface; on the inspection of which, we discovered that the right auricle was ruptured near the superior cava: its parietes were particularly thin and flaccid.

“The only circumstance which I could learn from her sister was, that about four years before her death, she had been the subject of *deep mental inquietude*; and from that time had occasionally suffered from palpitation.”

These palpitations, however, appear to have been extremely violent, as it is mentioned in a preceding part of the narrative that her sister could hear the sound of the vibrations as she lay by her side in bed, her lips becoming at such times purple, and her whole countenance assuming a cadaverous appearance.

Rupture of the Left Ventricle.

A stout powerful man, aged 46, who had suffered much from mental anxiety, was seized, Nov. 5th, 1826, with a sense of weight and tightness across the left side of the chest while walking home, a distance of about half a mile. During the next two days he walked two or three miles, and attended to business—that of a watch-maker. Next day, Nov. 8th, he was worse, and then, for the first time, was seen by Mr. Adams. He complained much of a sense of weight on the left side of the chest, but without pain; his breathing became interrupted when he made any exertion; pulse 85, full, but compressible; bowels confined.

He was now copiously purged by means of calomel and rhubarb, but at night became much worse, with much anxiety. Fifty drops of laudanum were administered.

Nov. 9th.—Had passed a night of mental and bodily agony; severe pain in the region of the heart; pulse 130, full and firm. He was bled to fourteen ounces at eleven o'clock. He became faint, and vomited, during which period he was relieved, but as soon as the faintness went off his sufferings returned. At half-past one he raised himself on his left arm, fell back in bed, and expired.

A plate is given, under the appropriate designation of “*broken heart*.”

Two Cases of Rupture of the Left Ventricle.

These are communicated by Mr. Cross, of Norwich.

“I.—A maiden lady, aged 73, jolly, and having rosy cheeks, was in a violent passion one Sunday, and for a week afterwards complained of *pain* in the region of the heart, and a *shortness of breathing*, but went about till the expiration of that time, when she sent for me in the evening. She was suffering so little from *these symptoms* as to debate about going out to dinner the next day. She passed a restless night, but was in the sitting-room in the morning, and kept about till night, when she was unable to lie down in bed, and sat up with the hand applied to the region of the heart, on account of pain there. She expired before morning. Four ounces of coagulated blood were found in the pericardium. The heart is not enlarged, nor does it present any morbid appearances; the great vessels proceeding from it are equally healthy and well shaped. The rupture of the left ventricle is in the anterior part of the heart, very near the septum of the ventricles, and one inch and a half from the apex. There is an irregular rent in the external serous covering of the heart, and in a few of the superficial muscular fibres, of half an inch in length, but deeper than this the slit is not more than *one-eighth of an inch*, this being what we very properly consider the dimensions of the opening into the ventricle.

“II.—The subject was an active old gentleman, with very florid cheeks, above seventy years of age, and whom I had complimented on his health and cheerfulness forty-eight hours before his death. He was exerting himself at a public meeting; whilst standing, he entered warmly into a debate, tottered, fell, and was found to be dead. Between seven and eight ounces of blood were found in the pericardium. The heart was very considerably enlarged, owing, no doubt, to the morbid state of some of the large vessels proceeding from the arch of the aorta; for the *arteria innominata*, just at its origin, was so diminished in its tube, by atheromatous deposition between its coats, as to leave a passage not more than one-eighth of an inch in diameter; and the left subclavian artery was similarly diseased and diminished one half in its calibre. The rupture of the left ventricle is situated two inches from the apex, in the left wall of the ventricle, opposite to the septum of the ventricles;

the whole thickness of the ventricle (which is at this spot about one-third of an inch) is opened by a slit, half an inch in length, but the rent in the outer membrane of the heart, and in some of the superficial muscular fibres, is above an inch long. These two cases contrast well, in the difference of time between the immediate cause of the injury and its fatal result, the bulk of the organ, and the state of the large vessels."

Case of Rupture of the Left Ventricle, communicated by Mr. G. H. Watson.

J. Hilton, aged 61, a man of full habit and short stature, sent for Mr. Watson, Jan. 18th, 1827, on account of a violent pain in his chest, striking through to the back bone, and extending under the left shoulder.

His pulse was 75 to 80, and regular; bowels rather costive; slight cough, and oppression about the chest. A blister was applied to the thorax, and some diaphoretic medicines, with calomel, were administered. Next day he was better, and continued his medicines, and the day following (20th) he got up and ate his breakfast, but on going down stairs felt a return of his former symptoms: he went to bed, and before Mr. Watson could arrive he was dead.

The brain was perfectly healthy; the pericardium contained about ten ounces of coagulated blood; the heart was natural as to size; the pericardium healthy; no traces of inflammation externally. At the middle and anterior portion of the left ventricle was a "small, unequal, and apparently torn orifice." The inner surface of the ventricle was of a deep red for one or two lines, forming an inflamed zone round the orifice. Some of the columnæ carneæ were separated from their attachments to the heart, and it appeared as if this had been the result of ulceration. The inner surface of the aorta was very red a little above the semilunar valves. The heart was loaded with fat.

Case of Angina Pectoris, with Ossified Cerebral Arteries.

R. R., aged 67, a robust man, and supposed to be in perfect health, called upon a friend one evening, and asked for half a glass of brandy, which he drank, and soon after took his leave, complaining that the room was too hot for him. Immediately before his de-

parture he complained of a severe pain shooting across the bottom of the thorax and darting to the middle of the right arm; and it afterwards appeared that he had been obliged to get up twice on the previous morning on account of an attack of the same symptoms. He walked from his friend's house about a hundred yards, when he dropped down, and instantly expired. Mr. Lewis saw him within seven minutes: his face, head, and extremities were pale and suffused with cold perspiration; respiration and pulsation had ceased.

Inspection thirteen hours after death.—Head: upon removing the calvaria, the dura mater was found to be thicker and more dense than natural. The brain was unusually soft. The right ventricle contained from ten to fourteen drachms of perfectly clear serum, and the left from six to eight drachms of the like colourless fluid. The arteries at the base of the skull, particularly the vertebral and basilar, were ossified in patches. The cerebellum appeared healthy, with the exception of being softened. Upon removing the cerebrum and cerebellum, there was found at the basis of the cranium between one and two ounces of bloody serum. Upon making sections of the cerebrum and cerebellum in various directions, there was no appearance of rupture or extravasation.

Thorax: the left lung was distended with air, and adhered to the pleura universally. The right lung was healthy, and not adherent. The heart was very large and fat, filling the pericardium; the coronary arteries were much ossified; but there was no other diseased appearance.

Case of Chronic Inflammation, and Ossification of the Coronary and Vertebral Arteries.

Mr. Gore was called to Joseph Hart, a muscular baker, aged 57, who died suddenly, Nov. 16, 1826. He had been subject to difficulty of breathing, pain in the chest, and cough, particularly on making any exertion. Conversing one day with a friend, he fell back and expired without the slightest struggle, having been for some days previously in low spirits. Brain contained four or five ounces of fluid; vertebral arteries unequally enlarged, and partially ossified; lungs healthy, but gorged with blood; two ounces of serum in the pericar-

dium ; coronary arteries inflamed, and partially ossified.

Case of Rupture of an Aneurism of the Vertebral Artery.

Mr. Gore was sent for to a brewer's servant, aged 24, a muscular man, who drank spirits. He went to bed in good health, but complained of being sleepy next morning, when called. At breakfast time he was still in the same lethargic state. He had no pain ; his pulse was weak and small, and beat only 50 in a minute ; his pupils were dilated, but acted slowly. Leeches were applied to the temples, and he was purged. Next morning he was better : the aperients were continued. In the evening he took a pot of porter and went to bed : a noise was soon after heard as if he was choking, and in five minutes he was dead.

Examination 16 hours after death.—

“The membranes of the brain were much charged with venous blood. The substance of the brain was particularly soft, and had a peculiar yellowish brown appearance. The ventricles contained about six ounces of water and a small quantity of coagulated blood (about two drachms in each). The plexus choroides was nearly white. At the base of the brain there were about four ounces of coagulated blood, which had escaped from a small aneurism of the left vertebral artery, just before its junction with the right to form the basilar. Both vertebral arteries were in a diseased state, their tunics being much thickened in parts for about three quarters of an inch in length, and several rings of a cartilaginous substance being deposited between them ; but the basilar and carotids were healthy.”

[To be concluded in our next.]

MECKEL, SPRENGEL, NITZSCH*.

THIS digression from my straight course to Paris, whither I was proceeding, I deemed important, to satisfy my desire of seeing the University, and its principal ornament, Meckel, the first and best physiological and pathological anatomist of the age, whose numerous works I had read with as much mental gratification as one derives from the perusal of a classical author, or a well-written history. There is a charm

* From Dr. Granville's St. Petersburgh.

about his style, and so much philosophy in his views of the natural phenomena of life, rendered still more impressive by the striking illustrations with which it is at every moment interspersed, that it is impossible to interrupt the reading of his productions when we once begin them. France, England, and Italy, possess not his equal among their living professors. Scarpa, in the latter country, is as able an anatomist ; but his efforts have been confined to particular investigations. In France, the practical researches of the philosophical Geoffroy Saint-Hilaire, and of the experimental Magendie, would almost claim a participation in the eulogium of Meckel, had they been as extensively laborious as the German professor ; and in England too, living competitors of his fame might be found, had practical anatomy been associated with more philosophy ; and what exists of philosophy been founded on more demonstrative anatomy, particularly that of animals, which has hitherto been so greatly neglected. The single memoirs, many of them of great value, of Home and Bell, Brodie and Phillips, not to speak of a few others, have all of them proved so many steps of advancement in original investigations of physiological and anatomical science ; but their sphere of influence in the vast field of scientific inquiry has been too limited, and the rest of their contemporaries have been mere compilers.

Germany itself is richer in rivals. Soemmerring and Rudolphi might successfully dispute the palm with their countryman of Halle ; they have done much, very much for science ; and, but that these two great anatomists have passed the age of active exertion, my assertion that Meckel is the first physiological and comparative anatomist of the present times, would be unjust. The indefatigable Tiedman is the only real living competitor of Meckel ; but, if report speaks truly (and I have repeatedly heard it asserted in Germany), that in his laborious investigations, the result of which he has communicated to the world, he has never been single-handed, or without assistance, his claim to an equality of fame with the Professor of Halle is much weakened ; since the latter has performed with his own hands every thing which he has divulged to the public, and even prepares his own lectures ! This, then, is the man whom

I knew the Council of the University of London had secured for their establishment; for I had read it so announced more than once in the advertisements issued by that body previously to my leaving England; and where was there another person in that country who had, by his numerous and *original* works on the *entire* science of human and comparative anatomy—his talent for descriptive anatomy—his investigations of a variety of important questions connected with the natural history of man and animals, proved himself worthy of being preferred by the Council to fill the chair destined to the Prussian Professor? Meckel is the Hunter and the Bichat of Germany. The number of works of this great naturalist is really prodigious; and certainly few authors have blended more utility with interesting matter in their writings than Meckel has done, in his *Manual of General and Descriptive Anatomy*, or in his much larger and important work on *Morbid Anatomy*, each of them in several volumes. Meckel possesses to the highest degree the *lucidus ordo*, which is so essential to the successful development of several thousand facts requiring a masterly classification, in order to be used with advantage.

There is an impressive something in the Saxo-gothic architecture, from which even an insignificant city derives importance. This is the case with Halle, which, with the exception of its ancient University, has only some curious remains of that style of building in the immediate vicinity of the Markt Platz, to boast of as attractions for a stranger. I made my way through its tortuous and narrow streets to the centre of the town, and put up at the Crown Prince, an excellent hotel, with spacious, cleanly, and well-furnished apartments. Having dispatched a note to the Professor, requesting permission to visit him and his museum, and solicited his acceptance of a copy of my *Essay on the Egyptian Mummies* (a subject which I knew to be congenial with his pursuits), I received a most kind affirmative in reply, and immediately after a visit from the writer himself. Meckel's head bespeaks his genius: I knew him the moment he entered the room, without being announced. His resemblance to Geoffroy Saint-Hilaire is extraordinary—congenial minds and congenial physiognomies. He addressed me first in English,

which he spoke with great facility; and next in French, a language equally familiar to him, as is likewise the Italian. In less than ten minutes we were as well known to each other as if we had often met before. Why waste in ceremony that time which scientific men can better devote to business? I had come to Halle to learn, and to see whatever was connected with my profession, and every minute consecrated to ceremonious forms, was so much time snatched from my purpose. Meckel repeated the assurances he had given me in his letter, that nothing could afford him greater satisfaction than to show me his preparations, and only hoped I would not be disappointed if I found them neither so neatly arranged nor so well housed as they ought to be, but could not be while they belonged to a private individual of moderate fortune. Before proceeding to his house, however, he recommended my first calling on two other professors of the University, who on account of their talents deserved to be known. These were Nitzsch, the indefatigable and rigorous zoologist; and Sprengel, a botanist of great merit, better known, however, as the historiographer of medical science. The former I found (just returned from a scientific journey to Paris) humbly and scarcely comfortably lodged up two pair of stairs, smoking in his *déshabille*, in a room scattered all over with papers, books, skeletons of birds, and boxes of insects, which I verily believe had escaped for some years the sacrilegious hands of a housemaid. This strict observer of nature was, and for many years had been, deeply engaged in the study of the anatomy of insects, without an intimate knowledge of which, he contended, it is impossible to comprehend that branch of natural history; and certainly no other naturalist has pushed the inquiry into the organization of insects farther, as is abundantly evinced in his "*Comments on the Respiration of Animals*," written in Latin. He endeavoured to demonstrate that great blunders had been committed by entomologists in respect to the classification of individual insects, and even of whole families, from a want of a previous knowledge of their anatomy. He spoke respectfully, but with no unqualified admiration, of Dr. Leach's inquiries; and particularly condemned his mania of splitting families into individuals, and of forming new genera; nor did he

seem to attach great importance to what little he had heard or seen of Mr. Macleay's new principles in entomology. In regard to the *Jardin des Plantes* at Paris, he confessed, after my repeatedly pressing him on that subject, that the reality did not come up to his expectations. In ornithology in particular, which has for many years been an object of great interest to him, he found that collection defective in arrangement, neatness of distinction, and value of specimens, though many of them were really beautiful: indeed, much of that collection he thought was mere show, and the galleries may be considered rather as an instructive promenade for bad weather, than interesting and valuable museums. Professor Nitzsch has been labouring hard at a branch of insectology which, taken as a whole, has never been before cultivated by the naturalists of Germany, or any other country. I allude to the parasitic insects, whose *habitats* are among the soft hair, and who prey on the skin or internal membranes of other insects. A *prodromus familiarum et specierum* of this singular tribe, which amount now to upwards of five hundred, was published in a public journal by the Professor as far back as 1808, if my memory does not deceive me; and since then he has, with great assiduity and unrelaxing zeal, collected, drawn, and coloured himself, as well as described from magnified views, several hundred other individuals, which are contained in a dozen or more of thick pasteboard boxes, and some of which I inspected. I took my leave, much pleased with the simple manners and unassuming character of the Professor, and proceeded a little beyond one of the suburbs, with the intention of paying a visit to Sprengel, who, in his capacity of professor of botany, has the charge of the botanic garden, and lives in a small house in the grounds, not unlike the humble dwelling of a farmer. Fortune, however, was faithless to me for once, and I was deprived, by the indisposition of the Professor, of the gratification of becoming personally acquainted with the erudite author of the *History of Medicine*.

Retracing my steps towards the centre of town, accompanied by my guide, I came to what appeared to be a public building, from its size and style of architecture, but which I found to be the house of Professor Meckel. As he

happened at that time to be from home, the servant, who had received instructions to that effect, conducted me across a spacious court, which forms the centre of Meckel's residence, and introduced me into a part of his museum, situated on the ground floor in front of the street door, where he left me. I availed myself of this opportunity to cast a general inquisitive look over the museum, which I soon ascertained to be that of normal and morbid anatomy. The room I was in was about 60 feet long, and, as near as I could guess, 10 feet wide. It is fitted up with shelves all round, to the height of seven feet, or a little more, with spaces to admit some of the largest bottles. In the centre there is a narrow table about five feet high, which extends along two-thirds of the room, and on this there are certain compartments containing groups of bottles. In each recess of the windows there are a number of large troughs covered with glass (as, indeed, all the bottles are), in which the largest preparations are kept wrapped round with linen, plunged in spirits, by which method they are kept clean, and ready to be taken out for the purpose of lecturing. In this room there are few *fine* injections, and no dry preparations, excepting a series of skeletons, illustrative of every degree of gibbosity, from a slight deviation in the spine to the greatest protuberance and deformity of that part. The bony system in these cases is of a healthy structure, and free from scrofula; and Meckel pretends that when such is the case, the pelvis of the distorted individual is invariably found perfect in its dimensions. This was, indeed, the case with all the specimens before me; and the knowledge of this fact, derived from such a source, has since been to me of the greatest importance.

MECKEL'S MUSEUM.

THE divisions adopted in the arrangement of these two collections, the normal and morbid, are the same which the Professor has followed in his great works on general and pathological anatomy. Each series of shelves is inscribed at the top with the general title, applicable to all the preparations it contains. Each preparation bears a corresponding number to that in the catalogue, with, moreover, a short exposi-

tion of its nature, written in Latin, which is frequently accompanied by the date when it was made, and the source whence it was obtained. Thus, for instance, in the division entitled *Novæ organizationes per se existentes*, I found the preparation of a diseased liver, in which there were discovered two cysts as large as a pigeon's egg filled with serum, but without any hydatid or other entozoary, a circumstance very rarely observed in such derangements of that organ. It is numbered and dated, Dec. 1827, with the following short Latin inscription:—"Hepar viri annorum L. Cystides rarissimæ in lobo dextro et sinistro, sero repletæ nec entozoon continentes media in superficie hepatis, superiori melanosis."

I had proceeded thus far in my examination, when the Professor himself arrived, and undertook to show me the museum *seriatim*, beginning at the end, where there were about 780 very neat preparations, illustrative of normal anatomy, classed according to structure and functions, which include those intended to exhibit the progress and development of the human foetus. These are followed by all the deviations from normal structure, dependent either on excess or quality, and which the Professor calls *quantitativæ* and *qualitativæ*; and afterwards succeed all those innumerable specimens of derangement of structure, which are the result of different diseases, both medical and surgical. Of such specimens Meckel's museum contains not fewer than 2850; and I could not help being forcibly struck with the great beauty of those which are intended to unravel the intimate structure of the greater number of the more important viscera, and which are certainly unrivalled in the British pathological collections. Meckel's notions respecting organic deviations from normal structure, either in man or in animals, are before the public, and I need not repeat them; but it is curious enough that all his preparations of monstrosities (which are very numerous) prove his assertion, namely, that in no instance have the double or triple foetuses been found connected by dissimilar parts, such as a head to a foot, or a shoulder to a hip, or the abdomen to the back; but invariably by similar parts, such as back to back, head to head, sternum to sternum, &c., from which facts he deduces some of his prin-

cipal conclusions, not of a nature to be inserted in a work that does not profess to be medical. We afterwards ascended to the *entresol*, where there is a very interesting collection of osteology on a large scale, illustrative of several diseases, particularly a series of fractures, from the moment of that accident occurring to the accomplishment of the most perfect cure, with the different species of *callus* and artificial joints, particularly those formed on the surface of the iliac bones by the head of the *femur*. I remarked, among other interesting specimens, a case of perfect regeneration of a portion of the thigh bone to the extent of five inches, in which the normal bone having been fractured, and entirely separated above and below, an exudation of bony matter had formed around it to the extent of seven inches, so as to completely case in the insulated bone. In another preparation, one of the hip bones had been completely broken through, including one-third of the *acetabulum*, and close to the *ligamentum rotundum*; here the bony union of this singular fracture was quite distinct, and the bone evidently thicker and stronger than in the normal state. This naturally led me to inquire of Meckel whether he was of opinion (in the much-debated question in England) that fracture of the neck of the *femur* within the capsular ligament, was curable or not. "Difficult, very difficult, I should think, but not impossible," was his answer; but he had no specimen in his collection to show that it took place.

In this same room there is a collection of skulls, exhibiting the various forms and angular inclinations of that part in different individuals and nations. Having remarked one of them that was divided into the notorious phrenological provinces and districts, I was induced to ask Meckel what he thought of that branch of horoscopy; when he observed, "that to an anatomist it must appear absurd and untenable; that it was absurd *per se*; that in Germany, where it had its birth, it was nearly forgotten, like the dream of a summer's night; and that he had only admitted the head in question in his collection, in order to show to the students in what phrenology consisted, and that he might, at the same time, and more clearly, demonstrate its absurdity. What, for instance," added the Professor, "can

smack more of that quality than the placing of the higher manifestations of the mind on a bony ridge which covers the superorbital sinuses, and behind which ridge no convolution of the brain can ever extend its impression?"

We next proceeded to the museum of comparative anatomy, on the first floor, which is the richest and most complete in Germany, and contains upwards of 2500 preparations in spirits, besides some hundred dry preparations and skeletons. The Professor lamented that he had not a better *local* for his collection, but added, "I shall next year make the sacrifice of the house-rent I get for the principal floor, which is now let to a family, and will convert the whole of that part of my house round the four sides of the court into a gallery." He also stated that he had never had any very indefatigable or zealous demonstrator, and seldom any assistant, being obliged to prepare his own lectures, make his own preparations, and in fact to do all the drudgery. This had made human anatomy and the teaching of its elementary principles irksome to him, and induced him to wish for a more ample field, in which, by dropping that branch, he might have more leisure to pursue scientific investigation; and, above all, his favourite study, comparative anatomy. And truly it is to be regretted that a genius like his should, as it were, be wasted, or remain useless to science, in such a place as Halle, with a University that seldom boasts of more than sixty pupils, shackled by the toil of an every-day pedagogic instruction to boys; instead of being placed in a situation to pursue the path of anatomical discoveries, which none is better calculated to make, or to elucidate when made, or to render available to humanity when elucidated.

MEDICAL GAZETTE.

Saturday, October 11, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

THE LONDON UNIVERSITY.

THE London University, as it is called, has opened. A large number of students

have already been admitted to its medical classes: the tide of pupils (as we know by experience) continues to come in a full month after the introductory lectures—before the end of October the number will probably be doubled, and its success as a medical school is, in our belief at least, settled. Let the Professors of the other branches of knowledge do as well, and the success of the University will be equally certain.

And now that it has opened with such cheering prospects, it is amusing to look back on the objections to the scheme, which have been floating in the minds of those numerous persons called "freezers," before the first stone was laid, down to the first lecture. One was, that a large city is an unfit place for a University. This is an old notion. In a *Tour through Scotland*, written at the beginning of last century by Daniel Defoe, we find him, in his letter from Edinburgh, making the same objection to that University; but if, instead of being a flying tourist, he had been a resident of that city, or, what would have been better, a student of that University, he would soon have discovered that his objections were unfounded. If the question was merely where is knowledge most easily accessible, there could be no doubt that a vast metropolis like London would be the fittest place for an University. Its hospitals—its collections of art—its various and admirable libraries—its booksellers' shops, where you may get any book in any language most commonly at once, and always in the shortest time—its congregated talents—its intellectual society,—in all these things it so far surpasses the "quiet of academic groves," that a literary or scientific man who has been accustomed to live in it, would in any other place either die of ennui or hang himself. But it is said that these advantages are more than counterbalanced by the temptations to

vice and idleness which it holds out to the youthful student. What are the vices to which the students of an University are most subject?—turbulence, drunkenness, and unchastity. To begin with the last: compare in this respect the students of Cambridge and Oxford with those of Edinburgh and Glasgow; or, to go abroad, compare those of Heidelberg with those of Berlin. Wherever a multitude of young single men are gathered together in a body, whether in a retired provincial University or in barracks in the country, they will find means for gratifying the vicious propensities of their age; and this they do first by devouring, like locusts, all the purity, at least the *frail* purity, of the neighbourhood; and if this does not suffice, they make up the deficiency by bringing into the market a fresh supply. In one way or another they are just as unchaste as the students of a metropolitan University; and the only difference is, that the supply being smaller, the material is more ordinary.

As to the second vice, drunkenness—we ourselves went from an English University to a Scotch one, and surely we never witnessed at the latter such long, hard, deep drinking, as we did at the former. Our old bed-maker used to tell us (and we saw enough to know that she was not romancing) that she always came about four o'clock in the morning to see in what condition her masters came home; they were generally brought—but we will not repeat the scenes which she described. There is far less of this hard drinking among the students of a city University, for there are more agreeable modes of spending the evening. In an English University, those who are not reading-men have no other mode of spending the evening than by joining a wine party; at a Scotch University there were all sorts of temptations to call us from the bottle—there were the debating clubs, to which the idle went as well as the intellectual—

there were auctions of medical books—there was the theatre, and occasionally a ball, or a party, at the house of one of the hospitable inhabitants of the new town. As to rows in our English Universities, there have been times when the gownsmen and townsmen have been at open war, and the latter could scarcely go safely along the streets. But only think of the students of the London University sallying out in a body against a *London mob*! A friend once remarked, that of all the places he ever was in, London was the most humbling: he meant with regard to intellectual, but it is equally true of bodily prowess. There is no place where a body of students is so little likely to give itself airs as a large city.

Another objection to the London University was, that it afforded no religious instruction. So much more stress has been laid upon this than it deserves, and so much more than will be laid upon it a few years hence, that although we do not suspect the sincerity of the echos, we do that of the original promulgators of the cry. We are not blind to the importance of religious education—we would rather our sons should grow up without Greek than without religion. We are well aware of its importance, not only to his future hopes, but to his present peace. No man can go tranquilly through this world without religion, unless he is made of stone; but we should no more think of depending on the London University or the King's College for the cultivation of this part of his nature, than we should on Guy's, St. Thomas's, or St. George's Hospitals. Nothing can be more useless than the religious ceremonies in our English Universities. In our time, every morning the bell rang (if we remember right) at seven o'clock; immediately the students were to be seen scampering across the courts to the chapel, like so many rabbits in a warren—some of them scampering back

again because it was surplice morning, and they had forgotten their white dresses; and when they were at length assembled, he whose turn it was to read the service made it his chief ambition to "rattle it off" as fast as possible, and get back to his blazing hearth and his hot breakfast. In the London University the students who live with their parents will accompany them to their own place of worship, and those who are in lodgings will go to church or meeting according to the sect in which they have been educated. Is not this far better than huddling churchmen, quakers, baptists, unitarians, independents, methodists, all together in one great compulsory heterogeneous congregation? Here a quaker with his broad brim on there a methodist, his lank locks parted over his forehead—here a stiff starched independent—there a disputatious-looking unitarian, sneering at every mention of the Atonement or Trinity. We are quite convinced that before these two colleges have been pitted against each other five years, no man will ask which is the Whig and which the Tory College—which compels him to say his prayers according to the English church, and which leaves him to say them as he has been taught by his parents; but which is the most convenient by its situation, and which Professors communicate the most knowledge in the most attractive and instructive way.

If the King's College succeeds (and we heartily wish that it may), we fully anticipate that most of the small medical schools, and all the little fry of private teachers, will be crushed and swallowed up by these two great schools; and that the only students who will be found frequenting the large hospitals will be an elder class, whose education is almost finished, who are past lectures, and who wish only to observe disease on a large scale before embarking in the practice of their profession.

A few words about the name of this

institution. Why will Lord Auckland, Lord Dudley, Sir James Mackintosh, Mr. Brougham, Mr. Campbell (the poet), some of the best judges of good taste in writing and designation in the kingdom, permit it to be called an University? Taking "established custom" for our guide about the meaning of the word, it implies a royal charter, and the power of conferring degrees, neither of which is possessed by the London University. It looks like a disposition to pander to the vulgar taste for grandiloquent names, for which the English public are so ridiculously remarkable. A dairy is called a "Lactarium;" an apothecary's shop, a "Repertorium;" a girls' school is an "*Establishment* for Young Ladies"—as young ladies generally marry for establishments, it reads as if it was a magazine of husbands; and every little insignificant schoolmaster must dub his residence "Manor House Academy," though the house has no more to do with a manor than with the moon. A sailor out of Lord Nelson's fleet, who was one morning parading a sea-port town with his girl, called at a druggist's shop for some "blue unction and red precipitate." As they were going out the girl said to him, "Is this a chemist's shop?" on which Jack, pulling up his trowsers and looking mighty wise, answered, "Yes, that's the *common* name, but the *proper* name is a *Lapidary!*"—meaning a laboratory. Dugald Stewart dates the Preface to his Principles of Moral Philosophy "College of Edinburgh." It would be better taste to give this humbler and more accurate appellation, and then we should have the London College and the King's College, and at some future period his Majesty might confer one charter on both, combining the two into "the London University."

While the London College is going on thus cheerily, the Directors of the King's College seem determined to ruin

their institution by their first step. Reader, where do you think they are going to build it? In one of the sides of the square formerly occupied by the King's Mews, with the College of Physicians and the splendid Club Houses on one side, and the beautiful church of St. Martin's-le-Grand on the other, and equally central for pupils from the east, the west, the north, and the south? or in the Regent's Park, which is within easy reach, and would make up for its want of centralness by the beauty and tranquillity of the spot? No, but at Knightsbridge, beyond the Cannon brew-house, beyond the barracks, beyond Kent House, more than half-way to Kensington, at a place now occupied by a mansion of Lord Les-towel. What can be the motive for such a mad act? It is a mode of saying we wish for pupils only from the west end of the town.

If we had a son to send to one of these Colleges, all other things being the same, the situation of the London would decide us in its favour. Only think of his attending the classes at King's College, Kensington, during the dark mornings and bitter weather of the winter months. He is attending a class which begins at eight in the morning; we live in Bedford Square, or if you like in George Street, Hanover Square; to walk from thence, nearly to Kensington, would take an hour; from the former a little more, the latter a little less. To do this he must start from our door at seven; but on a cold, dark, snowy morning he must breakfast first; before it is eaten it must be prepared, and the servant must rise, and the fire be lighted; and the kettle made to boil, and the breakfast table laid all in the dead of the night. The creaking of footsteps, and poking of fires, and opening and shutting doors, would infallibly wake us, and if we wake we never sleep again.

We are really anxious for the success of the King's College: if we have any

partiality it is in favour of that. The Directors will remember that they are entrusted with a great public duty, which requires the difficult task of casting off all private considerations, and that the eyes of a vigilant and suspicious public are on them. The College can scarcely be expected to open in less than two years; the London University will have got the start; and nothing but superior, or at least equal merit, can enable the former to come up with them. Foreigners say, that in England there is much talk about public spirit; but every thing is a job. There must be nothing of this in the management of the King's College, in the choice either of a situation or of professors. The best who can be procured to fill the chairs must be chosen, without any regard to the school in which they were bred. No one school can yield the requisite talent; they must endeavour to procure the picked men of all schools. Then, and not till then, we shall have not merely sanguine hopes, but perfect confidence, in the success of the King's College.

PRETENDED CURES OF CONSUMPTION.

WE beg to call the attention of our readers—especially of our *unprofessional* readers—to the first of a series of papers on the alleged cures of consumption. At the present moment, when quackery walks abroad, and is openly supported by some publications, the writers in which are wholly incapable of judging of the point in question, these papers are as well timed as they are judiciously and temperately written.

BAIT FOR PUPILS.

MR. GREVILLE JONES, in a letter inserted in a preceding part of the present number, has answered some remarks of ours (in No. 43) on the notice from Hatton-Garden, that pupils “ will have

guaranteed to them the passing of their examinations." Mr. Jones seems chiefly anxious to repeat the assurance that the money will actually be returned to those who do not pass, and that the interest of the teachers is a sufficient *guarantee* to this effect. We never seriously doubted it—and our advising the pupils to have a "regularly executed bond," was merely in ridicule. It is against the *principle* that we did, and do protest. Holding out such a bait to pupils is to lower the respectability of the medical teacher, and is exactly analogous to practising on the *liberal* principle of "no cure no pay." As to the explanatory statement that the lecturers will not give their pupils certificates till they are fit to pass, it is mere sophistry. *They have no right* to refuse a certificate to any pupil who has attended their lectures; and although Mr. Jones will not retract, "either on the ground of propriety or taste," in our opinion, in making the contract alluded to, he sins against both.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

A case of severe injury of the Chest, with Fracture of the Sternum, and nearly all the Ribs.

MARY MILES, æt. 29, a short, fat, bloated looking woman, was admitted, under the care of Mr. Vincent, on the evening of 3d of October, in President's ward. She was very much intoxicated. Crossing the street, as a coach was passing, she fell beneath the horses' feet, and the front wheel went over her chest. She complained of pain across the chest when she was admitted, and her breathing was short and difficult. Upon examining the thorax the sternum was found to be fractured, as well as several of the ribs on both sides: the pulse was quick, and she was bled to $\frac{3}{4}$ viij. directly, but was not relieved; the difficulty of breathing increased every hour. A bandage was placed round her chest; she did not close her eyes during the night. Next morning the countenance was very anxious, the breathing

more hurried, and the face was blown up with emphysema. The emphysema was extending up the neck and sides of the face, and downwards, over the chest. She vomited four or five ounces of blood, and brought up a little by coughing. The bowels having been open very freely the day previous to the accident, no injection was given. She lay upon her right side all day, refusing to alter her position. The lips were livid, and the dyspnoea increased through the night. She died early the following morning.

Post Mortem Examination eight hours after Death.—On laying bare the muscles of the chest, some of the ribs of the left side were seen projecting through the muscular fibres. The muscles covering the chest were very much lacerated and bruised; and there was an extravasation of blood, mixed with air, in the cellular tissue. The muscles being removed, all the ribs on the left side were found to be fractured, some of them in two places; others were much comminuted about their angles. On the right side the ribs were also nearly all fractured, but they were not so much comminuted. The sternum was fractured in two places, transversely across; and the left clavicle was fractured also near its acromial end. The lungs on the left side were pierced in several places, and pressed upon by the broken portions of the ribs; they were collapsed, and there was a large quantity of blood in the pleura. The structure of the lung was inflamed, and turgid with blood. On the left side the lungs shewed marks of old inflammation; they were adherent to the under surface of the sternum, and throughout their substance looked inflamed and turgid with blood; they were not wounded. The heart was not injured. The emphysema had extended down nearly as low as the navel.

ST. GEORGE'S HOSPITAL.

Chronic Inflammation combined with Nervous Affection of the Breast.

Of the protean nature of hysteria every practitioner must be fully aware. In general the forms which it assumes and the diseases which it apes are the province of the physician rather than the surgeon; but occasionally it seizes on the external parts, as the joints or the breast, trenching on the domain, and

becoming amenable to the jurisdiction of surgery. Mr. Brodie, who has paid much attention to hysterical affections, has lately made them the subject of an interesting clinical lecture, to which, for the present, we shall merely allude. As an earnest of the necessity of attending to the subject, we may state, as Mr. Brodie's opinion and conviction, that nine out of ten of those unfortunate young women who have been *doctored*, of late years, for "spinal diseases," have really laboured under nothing but hysterical pains in the back. If this be correct, and the assertion is the result of long and deliberate observation, the importance of a right understanding of the subject is paramount indeed. In the case we are going to detail the nervous symptoms were combined, or appeared to be combined, with chronic inflammation and enlargement. In many cases, however, there is no such combination, which must make an important distinction in the treatment.

CASE.—Mary Holland, a girl of 17, was admitted into hospital on the 20th of August, and fell to the charge of Mr. Keate.

She stated, that when only five years of age, a boil in the left breast was broken by a blow, and that the part from that time had continued more or less painful. Three years before her admission the pain in the breast became worse, accompanied with pain in the whole of that side, soon after which the other breast became affected. Though never entirely free from complaint she applied for no advice till the preceding July, when she saw Mr. Julius of Richmond, who ordered some leeches, which, however, did her no good. She then had the opinion of another practitioner, who gave her a blue-coloured ointment, which answered no better than the leeches. A fortnight ago the breast swelled suddenly, but as quickly returned to its former size.

This was the history given with clearness and precision by the patient: the symptoms which she actually presented were as follow. The left breast, to the view, was no larger than the right; indeed, on the whole, rather smaller; the skin had the least blush of redness upon it. On examining the gland it was felt to be traversed by a distinct and circumscribed hardness, dividing the upper portion of the gland from the lower. The indurated part was exquisitely painful upon pressure, especially from

the nipple outwards to the arm-pits. Pinching, or even lightly tapping on the skin, in the same situation and direction, gave pain, nearly as much, indeed, as firm compression. As the examination receded from the before-mentioned line, the pain and the tenderness, *pari passu*, diminished. In the right breast were several indurated spots; much pain upon pressure; and great sensibility of skin. The pain was not aggravated but relieved at nights; sleep difficult indeed to obtain, but when obtained sound and unbroken. Besides the affection of the breast she had pain in the side, brought on and increased by exercise or motion. Her appearance was healthy; the appetite good; the tongue moist, but white; the bowels confined; the menses irregular.

For the right understanding of the case it is necessary that we should mention the leading features of hysterical pain, at least in the external parts of the body. First, it is as much increased by slightly tapping, or at least pinching the integument, as by actual and considerable pressure. In the second place, the sensibility is not only exalted but actually exaggerated, caricaturing, as it were, the pain of organic disease. Thirdly, it differs from the pain of inflammation in this, that though it may prevent the patient's going to sleep, it seldom or never wakes her from it. This, according to Mr. Brodie, is a decided characteristic of nervous pain. In the present case these symptoms were observed, combined with induration and chronic inflammation in the gland of the breast.

The local treatment, in the first instance, consisted in the application of leeches and cold lotion, and afterwards the employment of a belladonna plaister*. A mixture of one ounce of camphor mixture, three drachms of the compound decoction of aloes, and a drachm of the tincture of hops, was given internally every six hours. Under this treatment the pain and induration of the left breast subsided, and all seemed doing well, when suddenly the other

* The common proportion of emplastrum saponis to emplastrum belladonnæ, is one to one. Mr. Keate, however, dilutes the narcotic by mixing it with eight times its quantity of soap, and occasionally spreads it on linen, like strapping, instead of on leather. What Mr. Keate's reason may be for the change of proportions we do not exactly know, but spreading it on linen, and applying it in strips, answers much better than in plaister in certain situations—as the knee-joint, &c.

mamma swelled and grew excessively painful. Leeches were employed, but a blush of erysipelas succeeded, and required a cold evaporating lotion, under which it disappeared. On the 15th Sept. she was ordered:—

Tr. Ferri Ammoniat. ℥xv. Mist. Camph.
 ℥j. bis die.
 Emplast. Sapon. c. Extr. Belladon. singu-
 læ mammæ.

She became so much better that she was discharged on the 24th. At this time the pains in the side had disappeared, and the affection of the left breast, for which she was admitted, though not wholly gone, was materially relieved. The right breast, however, was worse than it was on her admission. Her health was in all respects good; the catamenia, we believe, had not returned.

We have said that the combination of local inflammation, with nervous or hysterical pain, must exercise an influence, more or less important, on the treatment. In the latter case, (pain unaccompanied by inflammation), the less notice taken of the part the better, as the patient's attention is thereby drawn off, and her mind not allowed to brood on her morbid and fanciful feelings. When, however, as here, local and chronic inflammation is established, leeches, cold lotion, counter-irritants, as tartar emetic, or soothing applications, as the emplastrum opii, emplastrum belladonnæ c. sapon. require to be employed at the medical man's discretion. Hysterical affections are obstinate at the best, but possessing a *fulcrum* of actual organic disease on which to rest, their obstinacy is increased ten-fold. We remember the case of a patient in this hospital, the whole of last winter, with some inflammation or other of the knee, apparently seated in the sub-patellar bursa. Whatever it was, the hysterical symptoms grafted upon it were remarkably severe. The patient was a fine young woman, in Talbot ward, under the care of Mr. Keate, and left the house at last, relieved, we believe, but not cured. The treatment employed would occupy more space than we can afford, especially as we believe that it did little good after all. "Time and the hour" are often of more use in such cases than the doctor and his drugs; for in nine out of ten, not the body alone but the mind is diseased. A well-marked case of hys-

terical affection of the knee-joint is at present in the house, where an amputation of the limb was proposed! We shall return to the subject again.

Operations.

On Thursday, October 2d, the operation of lithotomy was performed on a child by Mr. Brodie: it occupied something more than a minute. Mr. Keate has lately done the hare-lip operation on an infant, very few months old, with success.

MIDDLESEX HOSPITAL.

Strangulated Scrotal Hernia—Removal of a Portion of Omentum.

JAMES ALDIS, æt. 68, was admitted into the Middlesex Hospital on the 2d of August, labouring under strangulated scrotal hernia on the right side. The symptoms, though serious, were not urgent. He had had a rupture for many years, and had habitually worn a truss. Early on the morning of this day the rupture had come down in unusual volume, and had produced sensations of pain and dragging in the abdomen. The tumor was hard and tense. The usual remedies were tried; a large injection was given; the patient was placed in the warm bath, and bled so as to produce faintness; and while he was in this state continued attempts were made, which lasted nearly an hour, to reduce the hernia by the taxis. The tumor, however, did not yield to these attempts; it was not diminished in size, nor was it rendered less tense, but it became more painful. Under these circumstances it was thought right not to delay the performance of the operation.

The contents of the sac were found to be a portion of the colon, and a quantity of indurated omentum. The intestine was speedily returned; but the mass of condensed and thickened omentum would not, it was evident, admit of being reduced. Mr. Mayo therefore cut it off close upon the ring, and having tied as many as ten omental arteries, each with a single thread, cut close upon the knot, returned what remained into the abdomen.

This patient for several days lay seemingly in great danger, with a dry tongue, and a pulse varying from 120 to 140 beats in a minute, attended with delirium. There was pain and tender-

ness of the abdomen during the first two days after the operation; the latter symptom now, and on its recurrence four days afterwards, was removed by means of leeches and fomentations. After the operation, when the bowels had been freely acted on, the patient continued, for several days, to take a grain of calomel, and two of pulvis antimonialis, every eight hours. Under this treatment he gradually completely recovered. For the last month he has been quite well, and there remains no hardness or tenderness about the belly.

Strangulated Inguinal Hernia—Intestine opened.

John Quick, æt. 42, was admitted into the hospital Oct. 2, with strangulated inguinal hernia in the right side. The rupture was congenital. He had constantly worn a truss for many years, and when it happened that the hernia came down he had found no difficulty in replacing it. On the present occasion his bowels had been confined for several days, and the rupture had come down the preceding evening in more than its ordinary volume, while he was engaged in no unusual bodily exertion. He was bled during the night of the 1st of October, and ineffectual efforts were made to reduce the hernia.

When Mr. Mayo saw this patient, soon after his admission into the hospital on the morning of the second, the tumor was tense, and would not bear pressure; there was tenderness of the abdomen, nausea, (he had vomited once or twice,) a sense of dragging from the epigastrium, hiccup, an anxious countenance, and an irregular pulse. A large injection was given, which speedily operated. The patient was placed in a warm bath, and attempts were cautiously made to reduce the hernia; but the patient complained of so much pain that they were discontinued, and the operation was performed.

The sac was found to contain about a foot of small intestine, which was dark, inflamed to the highest degree, and pretty firmly adherent to the neck of the sac, and here and there so discoloured as to shew that gangrene was commencing.

The adhesion of the intestine to the neck of the sac being broken through with the finger, the stricture divided, and the intestine opened, the opening was made fast to the divided integuments by a ligature, and the rest of the

bowel returned into the belly. After the operation the pulse became regular, the bowels acted freely though the wound as well as by the rectum, and the pain and tenderness of the belly diminished. The latter symptoms were found in some degree increased the following day, when he was bled, and since then his progress towards recovery has been uniform. To-day (Oct. 8th) there is no tenderness of the belly, the tongue is nearly clean, and he has some return of natural appetite. The contents of the bowels are discharged at the groin and by the anus.

DR. GRANVILLE'S EXPLANATION.

To the Editor of the London Medical Gazette.

SIR,

I HAVE to request that you will do me the honour to rectify an error into which I have fallen with regard to the period of Dr. Davis's attendance in Mr. Brougham's family. In my "additional note" I stated that Dr. Davis was the medical attendant on the lady of Mr. Brougham in December 1826: on further inquiry I find that such was not the case, and that Dr. Davis's professional attendance, in reality, began a fortnight *before* his election into the chair of Midwifery. My mistake arose from the general observation made to me after that election, by more than one medical gentleman, that Dr. Davis was, and *had been*, medical attendant in Mr. Brougham's family previously to and at the time of the election; which observation was correct as to facts (as it has since been admitted), but not as to time.

This explanation, which I most gladly give the moment I am in possession of the necessary information from an *undoubted* source, shews that Mr. Brougham, however inexplicable the other part of his conduct towards me may still appear, was perfectly correct in asserting at the time of taking charge of my testimonials in December 1826, that he did not know Dr. Davis; but as far as the circumstance of that physician's attendance may be supposed to have any bearing on my case, the difference in the period of attendance leaves matters precisely as I stated them before. I repeat, however, that I wish to draw no conclusion from that circumstance.

While I am on this subject, I may as well reply to two gross mis-statements circulated by the friends of the University of London. The first is, that I have attacked that institution, although I had manifested a desire to belong to it. My answer is, that no where in my work have I attacked the principles on which that institution is founded (except the absence of religious instruction); but the manner in which it has been conducted, in three or four instances (and more will come out before we are a month older), subsequently to my application as a candidate. The second mis-statement is, that the documents of which some one connected with that University has unjustly deprived me, consist of mere matter of form certificates, to be easily replaced. This I deny most distinctly: many of them were autographs of eminent persons, which I had had in my possession for some years, and to which I attached great value as testimonials of their friendship towards me during their life-time.

I have the honour to be,

Your obedient humble servant,

A. B. GRANVILLE, M.D.

16, Grafton-Street, Berkeley-Square,
Tuesday, 7th Oct. 1828.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

October 1st, 1828.

DR. BILLING, PRESIDENT, IN THE CHAIR.

DR. F. RAMSBOTHAM directed the attention of the meeting to the progressive increase of pelvic deformity in women who have suffered distortion from rickets, and detailed a case in elucidation of the subject. The doctor was requested to attend a poor woman in her second labour, for the delivery of whom embryotomy had been found necessary by another accoucheur on the former occasion. He found it an arm presentation; and as the pelvis only measured two inches and three-quarters, the delivery was effected with great difficulty. On becoming pregnant a third time, Dr. R. advised her having labour induced at seven months, hoping that a living foetus might then pass. The woman consented; and on the day after the rupture of the membranes, uterine action supervened, and continued extremely violent until the following evening. The pelvis was now somewhat less than two inches, and perforation became again necessary. The doctor said that his father had met with a similar occurrence.

Dr. Robinson detailed a case of pleuro-

peripneumony, in which the diagnostic signs were remarkably distinct. After convalescence from bleeding and the usual antiphlogistic treatment, the symptoms became again severe. The pulse was quick, and the respiration hurried. There was pain in the right side, the *metallic tinkling* could be heard, and the sound by percussion was dull. There became also an increase in the extent of this side, and fluctuation could be distinguished. Under these circumstances the cavity was punctured, and about twenty-five ounces of a sero-purulent fluid was drawn off. A considerable quantity of air escaped with the fluid. The man slept well, and appeared calm the next day; but he gradually sunk, and expired in thirty-six hours.

On examination, the right side of the chest was found to contain about as much fluid as had been drawn off. The chest was lined with the usual false membrane, but of which there was not so much on the lung. The air had not escaped from the lung; at least no lesion of the viscus could be detected. The lung admitted of some distention, but not of complete expansion.

Mr. Cooke related a case of soffocation, from the lodgment of a piece of salted beef in the pharynx. The relation of this case led to a discussion on the most effectual means of restoring suspended animation. Dr. Babington alluded to Magendie's experiments on sheep, which appeared to shew that the lungs could not sustain powerful inflation. Dr. Davis and Mr. Lloyd detailed experiments on the ass and on rabbits, which shewed that the lungs possess an active power of contraction. Mr. Kingdon mentioned, on the authority of a gentleman often called to cases of suspended animation, that the injection of rather hot water into the stomach was more effectual in stimulating the heart to renewed action than the means ordinarily resorted to.

The remainder of the evening was occupied with the subject of empyema, and with depositions of pus between the costal pleura and parietes of the chest, which it was said were often mistaken for effusions within the cavity.

BOOK RECEIVED FOR REVIEW.

An Introductory Lecture delivered in the University of London, by John Conolly, M.D. &c.

NOTICES.

Dr. Seymour's paper will be continued in our next, and alternate numbers, till completed.

The communications of "Mr. Smith" and "Mr. Turley" have been received.

We agree to the proposal of our correspondent at Birmingham.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

No. 46.]

SATURDAY, OCTOBER 18, 1828.

[VOL. II.

ESSAYS ON SYPHILIS.

By JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 552.]

TREATMENT OF GONORRHOEA.

IN detailing the treatment of gonorrhœa, I must observe, that what I have to say is intended to be applied to a case of severe gonorrhœa, accompanied with those unequivocal symptoms of high inflammatory action to which the term of syphilitic or venereal gonorrhœa is usually given; for you will find in practice patients with every gradation of discharge and irritation all included under the same term gonorrhœa, though it is obvious that they cannot all demand the same treatment, either in kind or degree; and, therefore, after having explained to you what I conceive to be the safest practice in the most aggravated form of the complaint, a few words will suffice as to the cure of the milder species, which are, in point of number, compared with the former as five or six to one, or perhaps even more. Therefore when a patient comes before you, complaining of a purulent discharge from the urethra, attended with pain in making water, your first care would be to ascertain whether the disease is a fresh infection, or merely a return of a recently cured discharge; whether it is accompanied with any breach of surface or not; whether it proceeds from some one painful point of the urethra; in fact, from an enlarged and inflamed gland; or if the patient has any reason to suspect the existence of a stricture in the pas-

sage; for these inquiries will tend much to facilitate the cure, by enabling you to adapt your treatment to the many varying circumstances which you will meet with in different individuals.

Having made these inquiries, the next thing to be done is to examine the parts themselves; for you will generally find among the lower classes attempts made to deceive you as to their real condition; and even in those from whom more candour might be expected, I have known a syphilitic ulcer, or a bubo, in a state of suppuration, carefully concealed from the surgeon's knowledge for weeks.

The cure of gonorrhœa is to be undertaken upon the principle of subduing severe inflammatory action, reference being had to the nature and functions of the part affected. If the patient, as sometimes happens, suspects the probability of his having received the infection, and carefully watches his feelings, he is often enabled to notice the uneasy sensation at the orifice of the urethra, and a slight turgescence of the lips, for some hours before any increased secretion is discovered—sometimes even for a whole day previously. Should he in this condition apply for relief, it is more than probable that the use of an astringent injection, so as to produce some irritation of the internal membrane, will altogether supersede the disease. This I have effected in numerous instances, and with one precaution the practice is as safe as it is often efficacious. In those cases of incipient discharge, where there is no pain or scalding in making water, this plan may also be had recourse to, with the almost certain effect of suppressing the discharge often in 48 hours, or even less; but it must be remembered that,

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in either case, if the employment of the injection the first or second time produces great pain, and that the heat in making water is rendered much more severe, the injection must be directly abandoned, and we must substitute those means of cure which I am now about to state. For the purpose above-mentioned, the forms of injection which I have found most effectual are, either a composition of sulphate of zinc to water, in the proportion of two grains to the ounce, or the sulphate of copper in a less proportion, about a grain to the ounce. Opium may be added to either of these prescriptions, and the vehicle may, if you please, be rose-water or camphorated mixture: the former is rather astringent and very grateful to the smell, making an excellent medium for the more potent ingredients, when you have to prescribe for a fine gentleman. For the above purpose, an injection of the lunar caustic, in the proportion of two grains to the ounce of water, or even more, has been strongly recommended, and it has no doubt often succeeded; but it cannot be used always with safety: there are some irritable habits in which it will act with great violence, and produce great mischief; and the possibility of such an event will, in many instances, forbid its use. It is, at least, always right to explain to the patient the probability that this may be the case.

Either of these injections, used three or four times in the day, will usually put an end to the discharge in the space of a week or ten days, under the above-mentioned circumstances. In these cases it is equally necessary to continue the injection for some days after the complaint has disappeared. I am now, however, about to suppose a case where the ardor urinæ is great, the erections frequent and painful, with chordee, and sympathetic pains in the loins, groins, and thighs; the discharge profuse and foetid, and the general health somewhat affected. On the first approach of these symptoms, two entirely different plans have been recommended, and each have their advocates. The balsam of copaiba is relied upon by some practitioners, in very large doses, and success undoubtedly occasionally will attend its exhibition even this stage of the disease; but my own experience does not enable me to commend it as a medicine in the

first few days of a virulent gonorrhœa. Another medicine—the cubebs, or Java pepper—has lately been introduced to our notice, with the character of being nearly a specific in this disease. Mr. Jeffreys, who has the merit of introducing this remedy into general notice, observes that it is precisely in the inflammatory stage of gonorrhœa that he has found this medicine of the greatest use. He prescribes it frequently in doses of a drachm and a half, four times a-day; and he is of opinion that, where it is productive of benefit, the symptoms are visibly mitigated within forty-eight hours; and if it makes no impression in five or six days he does not recommend it to be persevered in. In the dose above-mentioned it frequently acts upon the bowels as well as the kidneys, producing an increased flow of urine, to which it also imparts an aromatic smell. The cubebs is a remedy long known and employed in India for this complaint. Mr. Jeffreys believes that where the cubebs has been employed gleet does not so often follow as in the more usual mode of treatment; nor is there any objection to combining it with nitre. Rest and temperance are equally necessary to be observed. Such are the principal remarks which usher in the cases Mr. Jeffreys has detailed, and which amount to twenty-seven; and out of this number there are but few failures; and yet we cannot but observe that the detail of these cases does not altogether support the opinions above advanced, as to its chief utility being exhibited during the inflammatory stage of the disease; for in a majority of the cases the disease had subsisted two or three weeks, or more. To this favourable account of cubebs, Mr. Broughton has added the result of his experience, having employed it in fifty cases, in forty-one of which it was entirely successful. He considers it perfectly safe in the worst stage of the severest gonorrhœa; indeed it is precisely in these cases that he expects the greatest benefit from its employment, and he agrees with Mr. Jeffreys in thinking that, unless it acts beneficially in three or four days, it should be superseded by some other remedy. Upon this statement I shall only remark that, in the account of those cured, it appears that the majority of these cases required three weeks for their cure; that in some, injections

were also employed; and that out of the fifty cases it failed totally in three, five were only relieved, and one relapsed; whilst, of the forty-one actually cured, two had swellings of the testicle; so that I should not, at any rate, place this medicine higher in rank as remedy in gonorrhœa, than other plans of treatment.

I am sorry, however, to say that my own observation does not enable me to confirm the above account, though I admit that, in certain cases, I have derived the most marked benefits from its use. Nevertheless, in some very severe cases of gonorrhœa, I have seen great mischief induced where the patient had had recourse to the cubebs without consulting his surgeon; such as inflammation, extending along the urethra to the neck of the bladder, bloody urine, and great symptomatic fever. It may, indeed, be said that the cubebs did not produce these symptoms, and such may be the fact; but it at least proves that the remedy exercised no control over the disease: however, I believe, when the symptoms are mild, the cubebs may be safely given, even from the commencement, in doses of from a drachm to a drachm and half of the powder three times in the day. I shall have occasion to return to the employment of this remedy presently. Having thus told you what I should not do when called upon to treat an aggravated case of gonorrhœa, I must now tell you what I would do. In the first place, I consider rest absolutely necessary, and I would therefore confine my patient to the sofa. General bleeding is, I conceive, but rarely indicated, but it is occasionally necessary to take away blood locally: leeches are usually employed for this purpose, but cupping from the perinæum is much more efficacious, where an expert operator can be obtained, for the leeches are often apt to produce irritation of the skin, and I have, upon many occasions, seen an œdema of the prepuce, and consequent phimosis to a very considerable extent, caused by their application. This is a very troublesome event, and often gives the patient much uneasiness. Gonorrhœa is a complaint in which free purging is inadmissible; and we often meet with instances where much irritation has been produced by the patient's taking repeated doses of physic unadvisedly, with the hope of purging off the

disease. All the good to be derived from this class of medicine is obtained when the bowels are kept in rather a lax condition, and that evacuations are not productive of straining, or performed with effort; beyond that, their operation is worse than useless. If the penis is swollen, and almost perpetually in a state of half erection, a cloth dipped in a cold saturnine lotion may be wrapped round it with advantage. The patient's diet should be light: meat, wine, and fermented liquors, should be prohibited, and a free dilution with barley-water, in which the gum acacia is dissolved, will form the most appropriate drink; for the ease with which the urine is voided will much depend upon its dilution, and something perhaps upon the demulcent nature of the vegetable mucilage employed. When chordee is a troublesome symptom, the best remedy is the internal exhibition of camphor with opium: one grain of this latter, with six or eight grains of camphor, in the form of two pills, taken at bed-time, will generally control this painful condition. Where opium in the solid form disagrees, Battley's sedative solution will usually act extremely well, procuring rest without producing the head-ache and other unpleasant feelings, which the usual preparations of opium will sometimes excite. A poultice made with bread-crumbs and camphorated julep may also be applied to the perinæum, or that part may be smeared with a liniment or ointment, composed of camphor and any simple ingredient. If, in the course of four or five days, this method of treatment succeeds in allaying the most urgent symptoms, I then am in the habit of commencing with the balsam of copaiba, or the cubebs. The former medicine may be given either dropped upon water or combined with mucilage, in the form of a mixture: I am inclined to think the latter form to be preferable. In either case, this medicine frequently, I believe, fails of its effect, in consequence of being administered in doses too small: it is proper to begin with from forty drops to a drachm; and this may be repeated twice or three times a-day, unless it induces purging, which it occasionally does. If the cubebs be preferred, the dose is from a drachm to a drachm and half three times in the day. At this period also I am in the habit of prescribing a weak injection

of the liq. plumbi acetatis and distilled water, in the proportion of twenty or thirty drops of the former to four ounces of the latter; and as the symptoms give way, the patient may be permitted to relax from the rigid rules both of rest and diet to which he has hitherto been restricted. As soon as the tenderness of the urethra has so far subsided as to admit of a more powerful remedy, the injection with the acetate of zinc may be ordered: it should at first be used two or three times a day, and afterwards five or six times; it should be composed of about six grains of the sulphate of zinc to thirty minims of the liq. pumbi, to ℥iv . of rose-water; and it is better not to strain it, for the sediment (sulphate of lead) which it contains seems in some way or other to be beneficial, and not, as might have been inferred, to provoke any irritation in the passage. By the use of these means, the symptoms will usually give way in the space of two or three weeks even in severe cases; the discharge becomes thicker, smaller in quantity, and at length amounts only to an oozing in the morning, attended with a mixture of glairy fluid, which consolidates the orifice of the urethra, and is, in fact, its natural mucus, merely increased in quantity. In this stage the use of the copaiba may be gradually abandoned; the injections may be increased in strength; exercise in moderation, together with good but not stimulating diet; the cold bath, and other means that tend to give general tone to the system, will effect a cure. There are, however, several untoward circumstances apt to arise in the progress of these cases: the first which I shall mention is a continuance of the scalding when every other symptom has given way. I have seen this amount to a very serious evil, and have frequently witnessed the difficulty attending its removal. I think the use of muriatic acid, four drops to four ounces of water, used as an injection, has succeeded better than any other remedy, either external or internal, that I am acquainted with, in controlling this affection. When inflammation extends along the urethra, and reaches the neck of the bladder, the case requires energetic and prompt treatment: general bleeding, the warm bath, a rigid diet, and confinement to bed, can alone mitigate the symptoms; and here the after employment of opium

is of the most decided advantage, and it rarely happens that any serious consequences ensue where early attention is paid, for there is no obscurity in this stage of the complaint; the cause of the evil is apparent, and the line of practice to be adopted is no less so.

Phymosis is not usually a symptom of much consequence in gonorrhœa, and generally gives way with the inflammatory symptoms: cleanliness alone will be necessary, and the injection of any mild liquid between the prepuce and glans, to wash away the discharge afforded by the sebaceous glands. There is, however, a much more troublesome attendant on this disease, which is the reverse of the former—I mean a paraphymosis, which occurs in those who have short prepuces in consequence of its slipping behind the glans; in which situation it becomes swollen, and makes a stricture round the glans, causing great pain, and sometimes a sloughing of the part. This symptom, however, is easily remedied if the patient mentions it sufficiently early. The prepuce may be replaced by the hand: the surgeon should grasp the swollen part with the fore and middle fingers of each hand, first having applied some oil to it; he is then to press the glans penis backwards with his thumb, whilst, at the same time, he draws the prepuce forcibly forward. Some surgeons recommend the previous application of a cold lotion to the glans to lessen its volume, but I think there is more lost by the delay than gained by the evaporation.

The pain produced by this effort is occasionally very great, but I scarcely ever saw it fail, and the moment the return of the prepuce is accomplished, the pain and swelling subside, and little more than rest and a cold lotion are requisite to restore the part to a healthy condition. If, however, the paraphymosis resists this attempt, or it has existed too long to permit it to be made with any prospect of success, the stricture should be freely divided with a scalpel, by which means the danger of strangulation upon the glans will be avoided, and the inflammatory symptoms will be removed. Occasionally, suppuration will take place in the mucous glands of the urethra, the result of which is the formation of hard troublesome knots in the course of the urethra, producing an irregularity in

the stream of urine, and a painful sensation of tightness upon erection: these indurated spots are sometimes difficult to remove; the use of the mercurial ointment, with camphor, will occasionally produce a good effect, and time, together with the natural employment of the part, will effect their removal. When suppuration of Cowper's glands occur, poultices must be had recourse to, and an early evacuation of the matter will be desirable. The wound will readily heal under the use of cataplasms. It very frequently happens that, in consequence of exposure to cold, or from a too early or immoderate use of exercise, or even from an employment of injections, and indeed sometimes without any assignable cause, one of the testicles swells: this is generally the left. The symptoms of this affection I have already detailed. In this case, blood must be drawn either generally or locally, depending upon the severity of the attack: if the application of leeches should be preferred, it will be better to apply a considerable number at once, rather than to be under the necessity of repeating them; patients, especially in the better classes of life, having generally much repugnance to their use, in consequence of the trouble they occasion and the length of time consumed in the operation. The best application, in my opinion, after the leeches have performed their office, is a warm bread and milk poultice: it generally affords great relief by its mild warmth; and, in common cases, a dose of opening medicine, in combination with the above measures, together with rigorous diet and absolute rest, will most frequently remove the painful symptoms. As the testicle subsides, however, the discharge, which is entirely, or almost entirely, suppressed during the continuance of the inflammation of the testicle, reappears; and we must be careful, in this condition of the parts, not to interfere by means of injection, or this symptom will be reproduced. Neither will it be right to permit exercise to be taken too soon, nor the diet to be suddenly relaxed; for in some constitutions the disposition to relapse is very great. When, after the employment of free bleeding, the inflammatory symptoms of swelled testicle still continue to linger, the tartar emetic will be found an excellent remedy. Dr. Balfour, of Edinburgh, first pointed out to the pro-

fession the powers of this preparation of antimony in controlling inflammatory action; and subsequent experience has fully confirmed the account which he published. Not only is this fact acknowledged in this country, but on the continent. Its employment may be said to form an era in the history of medicine in Italy at least: there it has been given in inflammations of the viscera, especially the pulmonic, in doses of which we have no example in this country, and its success has been said to have been remarkable. My only business, however, is with its application in the case under consideration.

Mr. Jeffreys has related several cases where he has used this remedy with decided success, and as his observations coincide entirely with my own, I shall relate to you what he has said upon this subject. The mode of administering the tartar emetic is in a mixture containing two, three, or four grains, dissolved, with the addition of an ounce of Epsom salts, in six or eight ounces of water: of this mixture the patient is directed to take two or three table-spoonsful every half hour, or oftener, until vomiting is excited; after which the dose is repeated at intervals of three, four, or six hours, according to circumstances. Exhibited in this manner, this medicine appears to exercise a very powerful influence over the arterial system, restraining its action and diminishing its vigor in a manner and with a rapidity that is possessed by few other remedies. My own plan in treating the swelled testicle is always to make use of the common means of lowering arterial action, by bleeding, or leeches, in the first instance; and if, after the lapse of a few hours, the symptoms do not yield, or begin to re-appear, I have recourse to the mixture above-mentioned; and I have generally found that, when vomiting has been fairly excited, the effects have corresponded with the description which Mr. Jeffreys has given.

It may be remembered that the older authors have long recognized the advantages of emetics given in the subsidence of the inflammatory stage of the swelled testicle, with the intention of diminishing the size of the glands, which is apt to remain in a state of enlargement and induration for a long time after the pain has subsided. During the whole of this painful disease

the patient should remain in a recumbent position, and the testicle should be well supported by a bag truss, or a handkerchief, if a poultice is applied; which I have always found more useful, as well as more comfortable to the feelings of the patient, than cold lotions, which many surgeons are, however, in the habit of employing. I direct the poultice to be made of linseed meal and water, and renewed every five or six hours. The bag truss must continue to be worn after the inflammation has subsided, and until the testicle has resumed its former size. The remaining hardness of the epididymis, and the enlargement of the testicle itself, often demand our attention. The patient will not always be satisfied with our assurance that all will come right in the course of time, and therefore we must employ medical means: the mercurial ointment, with camphor, smeared upon a piece of flannel, and worn in contact with the scrotum, will generally produce a diminution of the swelling; and the blue pill, in five grain doses at night, contributes also greatly to this effect. This is not given with the view of its exercising any specific power over the disease, but as an alterative; in the same manner and with the same view with which it is prescribed in other glandular enlargements. This leads me to the question of the employment of mercury in gonorrhœa; a question, indeed, it scarcely deserves to be called, for it would evidently be absurd to prescribe it during the inflammatory stage of the complaint. It exercises no control over any of the symptoms, and it would be worse than needless to subject the patient to a course of this medicine merely to avert secondary symptoms, which, in all probability, will not occur. Nevertheless, towards the conclusion of very severe cases of gonorrhœa in both sexes, I have thought that alterative doses of mercury, either in the form of the blue pill or of the compound calomel pill of the present pharmacopœia, have been productive of advantage.

Another consequence of virulent gonorrhœa is still to be mentioned—inflammation of the prostate gland. It sometimes happens that when the discharge has nearly subsided, the ardor urinæ and chordee have passed away; that a dull uneasy sensation continues to be felt low down in the perinæum,

near the anus; that the stream of water is impeded, and the power of retaining it as heretofore is much diminished. This occasionally proceeds from chronic inflammation of the prostate gland, and is often met with in union with increased irritability of the bladder, so that the urine is retained with difficulty, and the bladder is called upon to empty itself more frequently than ordinary. Examination with a catheter in these cases will not detect any obstruction in the urethra until it reaches the prostatic portion, when a difficulty is experienced in pushing on the instrument into the bladder. In this condition I have found a blister applied to the perinæum exceedingly useful. The internal exhibition of cicuta also is very proper, commencing with a dose of the extract of five grains, and repeating it three times in the day. The dose of this medicine may, after a little time, be carried to a greater extent, watching its effects upon the head and stomach. These remedies, in combination with the warm salt-water bath, used three times in the week, will usually remove this unpleasant symptom.

Such is the outline of the treatment generally adopted in the severe forms of gonorrhœa. The number of receipts to be found in authors for the injections which I have spoken of in the latter period of the complaint, is very great: each writer seems to have chosen some favourite remedy. For my own part, I have usually relied upon the sulphate or acetate of zinc, or the sulphate of copper. The corrosive sublimate, in the proportion of a grain to half a pint of fluid, has had many advocates: I consider it by far the most uncertain in its operation of any I am acquainted with; and not only is it uncertain, but very apt, in many constitutions, to produce very serious irritation. The injection of calomel mixed with mucilage, also, I cannot commend; and I am inclined to believe that both these forms of prescription have been adopted from false views—that is, with the intention of combating the venereal infection.

I shall, however, enumerate in this place two or three forms of injection against which this objection does not hold good, that you may not be at a loss should you find it necessary to vary these remedies. The first I shall mention is the favourite receipt of Mr.

Foot: it is composed of twenty drops of the liquor cupri ammoniati, mixed with four ounces of rose-water. The liq. cupri ammoniati is made, first, by pouring a solution of the subcarbonate of potash upon the sulphate of copper, by which means the copper is precipitated; and when dried, one drachm of it is to be dissolved in two ounces of the liquor ammoniæ. A second astringent injection is prepared by dissolving four grains of sulphate of alumina in four ounces of water. A third is thus prepared: six grains of sulphate of copper are to be dissolved in four ounces of water, to which twenty minims of the liq. plumbi acetatis may be added. It must be recollected that all these injections require to be increased in strength or not, according to the peculiar circumstances of each case; for you will scarcely find any number of individuals who will bear the same proportions.

I have yet a word more to say upon the subject of injections: you will find many surgeons objecting to their employment, and condemning them as productive of stricture and other diseased conditions of the urethra; but these are groundless apprehensions. It is not to the use of injections that such results are attributable, but to the long continuance of uncontrolled inflammatory action; and therefore it is, that wherever many severe claps have been experienced, you generally find, without reference to the employment of injections, that some affection of the urinary canal becomes established.

But you will often meet with two different conditions of the urethra in practice which will give you much trouble; the first is, where a severe gonorrhœa has been so far cured that only a few drops of discharge shall remain; these are mixed up, and diluted, as it were, with the glairy transparent mucus of the urethra, but still they have the character of true gonorrhœal discharge, and give great uneasiness to your patient, because he cannot, under these circumstances, return to his usual avocations and pleasures; and above all, he will perpetually tease you to permit him to indulge in sexual intercourse, and expects that you should warrant him as incapable of transmitting infection: this you cannot do. Notwithstanding the high authority of Mr. Hunter, I have no hesitation in declar-

ing my belief, that as long as this purulent looking discharge is detectable, there is danger of infection. If the discharge is only in very small quantity, a drop or two for instance, there may be little danger; but still you cannot, with any regard to your patient's safety, or to your own reputation, sanction such a proceeding. This is one of the difficulties you will meet with: the other is this: it shall frequently happen that a man who has for months, perhaps, got rid of a troublesome gonorrhœa, has, upon every fresh connexion, a return of discharge, without scalding, perhaps, or at least without much uneasiness in passing the urine; this is controlled in a few days by an injection, but upon taking severe exercise, drinking more than an ordinary quantity of wine, and more particularly, as I before said, after connexion, it returns, and the patient and the surgeon will continue thus to be plagued until the patience of one or the other is exhausted. In the first of these difficulties, I should advise an examination of the state of the urethra by a metallic instrument, of a size sufficient to fill the canal completely, without, however, putting it too much upon the stretch. It will often be found that a considerable degree of irritability exists throughout the whole urethra, but more especially about the membranous portion, so that the instrument shall meet with considerable opposition at that spot; which, however, with a little management, is overcome. When this condition of the passage is found to exist, the introduction of the metallic bougie two, or at the utmost three times a week, will often completely remove the remaining symptoms; and the discharge, which for a day or two is increased by the use of the instrument, will cease altogether. But it sometimes happens that this remedy fails entirely; and if the state of the canal does not indicate any morbid sensibility, or unusual degree of spasm, I should have but little reliance upon it. If the patient has been much reduced by the previous symptoms, or by confinement, I have known the internal administration of bark, or other tonics, more especially the sulphate of zinc, combined with sea-bathing, effect the cure; and, occasionally, the discharge has suddenly ceased when all remedies have been abandoned.

I have in these directions anticipated

all that I should have to say respecting the treatment of a gleet, for this name has been usually given by authors to the condition I have just described. I am, however, in the habit of restricting the term gleet to a discharge of the natural mucus of the urethra in a superabundant quantity, which is frequently one of the concomitants of a general relaxation of the parts, either in consequence of excessive venereal indulgence or from the effect of a certain destructive habit too common at schools and public institutions, the scourge of youth and the fruitful harvest of the designing quack. In the latter case which I have mentioned, the discharge will be found to be always in connexion with a morbid condition of the urethra, which has been known by the very improper name of spasmodic stricture; in fact, no stricture exists, but there will be found to be one or two irritable spots in the canal, which resist the introduction of the catheter, and are certainly curable by the use of metallic instruments. I say metallic instruments, because in these cases I have invariably found the common bougie inapplicable; it often refuses to enter the bladder when the metallic instrument will pass with comparative ease; and I never should conceive myself justified in pronouncing upon the nature of the case until an examination had been made with this latter instrument. The disease, in these cases, appears to consist in a thickening of the internal membrane of the urethra, the consequence of previous chronic inflammation; and by gradually and regularly dilating it to as far as the natural diameter of the canal will admit, the healthy actions of the part are restored, and the discharge ceases entirely under the employment of the instrument. It is not necessary to introduce it more than three times in the week, and I am accustomed to let it remain in the bladder a short time; not, however, long enough to induce pain, or even uneasiness. In this place I consider it proper to advert to a modern custom, but which I conceive to be very bad practice; I mean the introduction of very large instruments. I have seen some of a size totally out of proportion to the diameter of any urethra I ever had occasion to examine; in fact, you will find the greatest difference in different men in this respect; and I should no more think of employing the same sized bougie

for every individual than I should expect the same bag-truss to fit every man's scrotum. To some men the instrument No. 8 will be of a maximum size, whilst others will readily admit No. 14. It is, I think, important to bear this in mind; and I have seen many instances where a neglect of this precaution has produced severe inconvenience.

[To be continued.]

ON THE SPECIFIC EFFECT OF ATMOSPHERIC POISON

*On various Structures of the Body,
as connected with the production of
disease—especially fevers.*

BY EDWARD SEYMOUR, M.D.

(Continued from page 561.)

WE have hitherto been considering the immediate effect of poisons on particular structures of the body, and we have seen that fever is produced by morbid atmospheric poisons, either arising spontaneously or from effluvia, and that after death different structures have suffered lesions, such lesions being different in different epidemics. If we now observe for a moment the actions of those substances, which in large doses occasion death, but in small doses are employed as remedies in disease, we shall see the law of action on particular structures, and even on different parts of those structures, fully exemplified.

Purgatives act by increasing secretion from the mucous glands, and the exhalation from the exhalant arteries of the intestines; but these not only thus produce their effect, but also stimulate the muscular coat of the intestines to stronger contraction, in order to expel their contents. Some of the purgative substances principally produce the first—some the second. Not only is this the case, but many of the class of purgatives act on one and the same part only of the intestinal canal. It is needless to illustrate this by the action of aloes, or of the saline purgatives.

Of the class of emetics we know that very many of them produce vomiting, either when used in friction and carried into the system through the blood vessels, or taken immediately into the stomach.

Of those remedies which appear to

act directly on the nervous system, we find that, applied externally or taken internally, it is on the same structure their effect is produced. Thus belladonna, stramonium, hyosciamus, will cause, under either of these conditions, the well-known effect of dilatation of the pupil of the eye.

To return:—We may then consider epidemic fever to be the result of a poison either from the changes of the atmosphere, the vicinity of marshes, the exhalations from dead animal or vegetable matter, or from living bodies in a state of uncleanness, when crowded into a small space; and these causes may be believed to act with greater or less violence according to the state of disease or health in which the individual attacked exists, the position in which he is placed with regard to objects around him, as of labour or exposure, and the moral impressions by which he is interested, as anxiety, fear, care, &c.

This poison seems to act according to different epidemics and seasons on different parts. The nervous fever of Cullen appears to arise from injury done to the brain, ending in lesion; the bilious remittent fever, the gastric fever of Burserius, the mesenteric malignant fever of Baglivi, the gastro-enterite of the present French school, from the impression of the poison absorbed on the mucous membrane of the intestines, especially of the small intestines, from whose inflammation and subsequent lesion the danger of the disease arises; the catarrhal fever of authors, the influenza of modern times, from affection of the membrane which lines the fauces, throat, trachea, and bronchi, and the nares—the inflammation and subsequent puriform secretion producing death.

It does undoubtedly occur that in some cases of the remittent fever which we have noticed, lesions both of the brain and of the bowels have been discovered after death; but this is certainly in a very small number, and in a very large proportion the morbid appearances are confined to alteration of structure in the mucous membrane of the small intestines. The sympathy which exists between the brain and the bowels is greater in some individuals than others, and hence we find that in some patients the delirium attending this form of disease is very severe, and

the functional disturbance thus induced occasionally, but in rare instances, produces effusion in the brain. The very large proportion of cases in which the mucous coat of the intestines is the only part injured, seems to prove that the injury occasionally done to the distant part may arise from the peculiar sensibility of the individual, hereditary disposition, or previous disease. Were the converse of the position true, in children dying of hydrocephalus arising from inflammation, or at least congestion of the brain, or pure cases of phrenitis, we ought at least occasionally to find the bowels injured nearly in proportion to the violence of the head affection.

I shall proceed now to consider, from the histories of epidemics handed down to us, and from the few instances in which inspections after death have been recorded, the viscera on which the poison of the atmosphere, in different forms of fever, acts when absorbed into the system; the diagnosis, and the treatment which is to be founded, or has already been employed, on such principles.

Fever in which the Miasma, or Poison of the Atmosphere, acted immediately on the Mucous Membrane of the Fauces, Nares, Bronchi, and occasionally, in severe cases (probably by continuity), on that of the Stomach.

The disease called catarrhal fever has visited the different countries of Europe, with more or less violence in regard to mortality, about fifteen times during the last two centuries, and histories of it have been left us by some of the first physicians in experience and ability, who were personally acquainted with the disease. Occasionally we find it described under other names, and occasionally other diseases under the same name. Thus it has sometimes lent its name to bilious or typhus fever, under the appellation of febris catarrhalis maligna, or febris petechizans; none of the symptoms being present which characterize the epidemic catarrh—such as cough, hoarseness, discharge from the nares, or inflammation of the bronchi.

Among other histories, we have the account of the epidemic catarrh, by Sydenham, in 1675; of a similar disease by Huxham, in 1743; and two very elegant descriptions of the same

complaint, known under the name of the influenza of 1782, from the pens of Sir George Baker and Dr. Falconer. It is very unfortunate that none of these great physicians have left us an account of the appearances on dissection, although the epidemic mentioned by Huxham destroyed a thousand individuals in one week, and was considered mild of its kind.—(Huxham de Morbis Epidemicis, p. 104.)

Notwithstanding this omission, no one author hesitates to place the seat of the disease in the affection of the mucous membranes before mentioned; and the remedies to which it yielded, namely, moderate venesection, warmth, and diaphoretics, with laxatives, would afford sufficient testimony of the nature of the disease.

“The nature of this complaint,” said Dr. Falconer, “is undoubtedly inflammatory, attended with a determination to the mucous membrane lining the nose and fauces, which is, indeed, the proper seat of the complaint, and to the irritation of which most of the more troublesome symptoms are owing.” And again—“The seat of the influenza being the *pituitary* membrane.”

But although there is a fair presumption, from the concurrent testimony of all authors, that the affection of this membrane was the direct effect of the miasma of the atmosphere absorbed into the blood, and that the various symptoms which arose were in direct proportion to the injury of the part, yet it is not absolutely conclusive, as we find frequently, in disease, distant parts affected with an apparently greater severity than the seat of the malady.

Morgagni, however, whose experience and testimony is of no slight importance, has left us the appearances after death in a case which died in the epidemic catarrh of Italy, in the year 1730; and here we shall find the mucous membrane of the fauces and bronchi the only injured part.

“Cadavere ad condituram dissecto nec sine pinguedine invento, sanum cerebrum, sana omnia ventris viscera, conspecta sunt, nisi quod jecur prægrande, subfuscum et duriusculum visum est; sed facile à natura, cum peculiare vitiatum ejus visceris indicium neque antea neque in hoc morbo fuisset ullum. Certe autem thoracis spina ad modum litteræ S, jam inde a puero contorta,

alterum illius cavum multo arctius faciebat, multoque minorem continebat pulmonem. In neutrum tamen cavum humoris quidquam erat effusum. Nihil polyposi in corde. Pulmones neque ad costas, neque ad diaphragma, quod sanum erat, neque ullam ad partem superficiem alligabant suam. Hæc autem erat albida, ut speciem præberet quasi oblitæ ‘vernici,’ ut vocamus quadam quæ ad lacteum colorem vergeret. Graves erant ipsi pulmones, sed a catarrhali quam continebant materia, multa passim e bronchiis, quacunque incideres crumpente. Certe eorum omnis substantia flaccida non modo non densa, aut compacta, reperta est.”—(Epist. xiii. Art. 3.)

It is singular that the state of the air, in at least two of these epidemics (1743, 1782), should have produced either immediately before or immediately after its decline, the disease of another part of the mucous membrane,—viz. dysentery.

Here, however, we are more fortunate in our history, as several cases are appended to the work of Sir G. Baker, containing not only accurate accounts of dissections, but also plates of the ulceration of the large intestines. Here the disease was confined to the colon and rectum, producing thickening and ulceration of the mucous membrane, sometimes even in its whole extent. This disease raged in London epidemically, from July to November, and appears to have been very fatal.

It might fairly be alledged that the epidemic catarrh was caused singly by the rapid alteration of temperature affecting the membrane which lines the passages most exposed, and that thus we might account for all the phenomena, without seeking for a peculiar poison of the atmosphere, which, introduced into the circulation, attacked this particular texture. But it is singular that this epidemic has been, in more than one instance, most severe in the months of June and July, when the temperature of the air was not even unusually below the ordinary standard of summer heat; and in almost all the accounts handed down to us, we find it affecting the inhabitants of southern climates at the same period that it raged among the nations of colder regions, attacking equally those on board ships and on different coasts with those who, from

the precautions of luxury, were less exposed to variations of heat and cold.

Here, then, we have a fair and evident example of fever arising from the inflammation and increased secretion from a mucous membrane, depending upon a condition of the atmosphere nearly allied to marsh miasma, and probably introduced into the circulation by the lungs.

[To be continued.]

STRANGULATED FEMORAL HERNIA.

To the Editors of the London Medical Gazette.

GENTLEMEN,

I FORWARD you the following paper, not because it contains a case of strangulated femoral hernia operated upon with success, for that would afford your readers but little interest, being a daily occurrence, but because in this hernial sac were contained parts unusually protruded, and which consequently produced an unusual difficulty in their reduction. With best wishes,

Your respectful servant,
EDWARD ASTBURY TURLEY.

On the 19th inst. I was requested to see a lady, æt. 70, who had had an old intestinal protrusion strangulated about 30 hours. She had also another femoral hernia on the left side, but this, from the size of the outlet, was extended and returned without the least inconvenience. There was constant vomiting, hiccough, and shiverings, which were successively renewed at shorter intervals. The belly became rapidly more painful, and the taxis afforded not the least hopes of the bowel being returned.

The warm bath, nauseating potions, refrigerating applications, and, lastly, the tobacco enema, were tried in rapid succession without any beneficial results.

A consultation was requested, and in the presence of Mr. Hodgson, and with his approval of the proposed measure, I commenced the operation. Our progress was not impeded till (after the femoral ring was enlarged) we attempted the reduction of the intestine. On endeavouring to lessen the contents of the hernia by forcing the air, fæcula, &c. into the cavity of the abdomen, we

found our efforts totally unproductive. We passed the fore-finger around the edge of the strictured cavity, and all was free. We examined the gut itself, and found it to be a part of the caput coli and ileum, including its valve. This was easily known, by the peculiar sacculated form and longitudinal band of the former, and by the coarse muscular fibres of the latter. Finding such to be the case, Mr. Hodgson observed that we were forcing the contents of the bowel against its valve, and consequently plugging the femoral opening. This appearing probable, we commenced at the dextral side, and reduced the protrusion without the least difficulty, closed the external wound by suture, covered these with adhesive bands, and left the rest to nature. The bowels were moved the next morning, and copious evacuations were procured on the second day, and the wound was healed in a week. My patient came down stairs on the ninth day after the operation, and says she is now in better health than before her illness.

Colmore-Row, Birmingham,
29th Sept. 1828.

CASE OF SOFTENING AND PERFORATION OF THE INTESTINES.

To the Editor of the London Medical Gazette.

SIR,

ON the 25th September I was requested by a friend to accompany him to the dissection of Sarah Emley, an infant, aged 12 months, respecting whom I had previously obtained the following history. The mother, on account of illness, was under the necessity of weaning her child two months ago; which, in a fortnight afterwards, from having been a fine healthy girl, suddenly became ailing, lost her appetite, and was very much disturbed in her bowels. She took medicines for a few days, and was better for a time, but very soon relapsed and became as bad as ever. The motions were generally of a dark green colour, copious, slimy, very offensive, and occasionally observed to be mixed with blood.

A few days previous to death she was attacked with symptoms threatening hydrocephalus, and an acute abscess

formed in the right ear, which destroyed the membrana tympani, and burst externally a few hours before she expired.

The treatment during the last week had consisted principally of small doses of the hyd. c. creta, with rhubarb and magnesia, and three leeches had been applied to the temples when the symptoms of affection of the head commenced.

On viewing the body fourteen hours after death, it could plainly be seen that the child had become emaciated very quickly. The parietes of the abdomen were rapidly advancing to a state of putrefaction. The head was first examined. On removing the calvarium and dura mater, about half an ounce of serum was found between it and the tunica arachnoides, with an increased vascularity and turgescence of the vessels of the pia mater. The lateral ventricles were then carefully opened, and contained from an ounce to an ounce-and-a-half of clear serum. The plexus chorooides was thought to be of a darker colour than natural.

On cutting into the cavity of the abdomen a very peculiar appearance presented itself. The omentum was stretched over the intestines like a piece of net-work of the finest texture, and almost destitute of fat; it was carefully reflected, when some feculent matter was first noticed to be dispersed here and there over the surface of the intestines, which had evidently escaped from an ulcerated opening in the ascending portion of the colon. The intestines themselves attracted our particular attention from their very gelatinous and semi-transparent appearance. On touching them, they were found so excessively tender and delicate that, on raising them with the greatest care, they were incapable of supporting even their own weight, and immediately fell, leaving the piece by which they were suspended between the fingers. This peculiar morbid condition extended from the duodenum near to where the hepatic and pancreatic ducts enter, as far as the sigmoid flexure of the colon; but it was more particularly observable in the duodenum and jejunum. The stomach, lower part of the colon and rectum, were nearly of their natural firmness; the gall-bladder filled with dark-coloured bile, and the mesenteric glands somewhat enlarged. The rest

of the viscera were quite natural and healthy.

On examining a portion of the intestine more attentively, it appeared as if, in parts, the muscular coat had been nearly absorbed, leaving merely a few greyish fibres, and that the peritoneal and mucous coats were completely infiltrated. Some follicular ulceration was discovered, and it was curious with what apparent ease the mucous coat glided under the finger on the slightest pressure.

I submitted a portion of the jejunum to the following experiment: I took (after depriving it, as well as I could, of all moisture, by means of blotting-paper, &c.) exactly two drachms by weight, put it into three ounces of water, placed it by the side of the fire to boil gently; in three or four hours the fluid had evaporated to three drachms, and the piece of intestine was very much reduced in size. I again carefully absorbed all fluid from the residuum, and found by the experiment that the intestine had lost in weight one drachm and a half and six grains, leaving twenty-four grains of what I concluded to be principally albumen, which I afterwards proved by proper tests. The three drachms of fluid were again slightly evaporated, and when cool became a tolerably firm jelly.

JOHN SMITH.

Southampton-Street, Fitzroy-Square.

ERGOT IN UTERINE HÆMORRHAGE.

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To the Editor of the London Medical Gazette.

SIR,

SHOULD you deem the following case of sufficient interest, I would feel obliged by your inserting it in an early number of your valuable publication, and I remain

Your obedient servant,

HENRY R. CHAPLIN.

Lavenham, Suffolk, Sept. 27th, 1828.

Mrs. M——, having been in labour 18 hours, was delivered of a son, after which half an hour had elapsed previous to the expulsion of the placenta, which took place by the natural efforts, no force having been employed. As is

usual with me, I then applied a warm cloth to the vulva, and gave injunctions for the attendants, in an hour or an hour and a half, to make her comfortable by removing her to the other side of the bed. I remained in the house for a quarter of an hour afterwards, during all which time she appeared as well as one could expect; moreover she was so loquacious that, upon leaving her, I desired her to speak but little, and keep herself tranquil. I had, however, left her only a few minutes when her sister came running after me, assuring me she was dead. Suspecting it to be a case of uterine hæmorrhage, I made all the haste I could back, and found that considerable hæmorrhage had ensued, and that my patient was in a state of syncope. All pulsation at the wrist had ceased; her extremities were cold, features shrunk, and her countenance wore the aspect of death. On my return I had immediate recourse to the dashing of cold water upon the lower part of the abdomen, and the introduction of my hand into the uterus, in order, if possible, to stimulate it to contraction. In a little time she began to shew symptoms of reanimation, but the hæmorrhage, notwithstanding these means, still remained uncontrolled. I then resolved (seeing something must be done) upon the administration of some of the ergot of rye. Having had some in my possession in the form of powder for a length of time, and thinking it might on that account have lost some of its virtue, I administered a drachm dose of it, which, in the course of five minutes, produced a violent and painful contraction of the uterus. The hæmorrhage was very speedily arrested, and did not return. Nausea and great pain supervened; the latter was, however, dispelled very soon by a large dose of opium. It may be right to remark also that prolapsus uteri took place once, but by enjoining rest and the horizontal posture there was no return of it. This arose, no doubt, from the dose of the *secale cornutum* being too large.

I think there can be no doubt entertained respecting the efficacy of the ergot in this case.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Journal of Morbid Anatomy, Ophthalmic Medicine, and Pharmaceutical Analysis; with Medico-Botanical Transactions, communicated by the Medico-Botanical Society of London. Longman and Co. 1828.

[Concluded from p. 596.]

Case of Apoplexy in a healthy young Man.

MR. J. aged 20, of muscular frame, and having a short neck, was in the habit of using *gymnastic* exercises to a considerable extent. One morning, after rising from bed, it is conjectured he had been making some violent exertion, and had fallen down insensible. In little more than an hour he was dead. The body was examined on the evening of the same day. The face was pale; much blood flowed when the scalp was divided, and when the calvarium was raised; the vessels and sinuses of the dura mater were turgid, but it was otherwise natural, as was the arachnoid; there was no fluid between the membranes. The convolutions were flattened. In removing the brain, it suddenly gave way at the upper and middle part of the right hemisphere, from which opening gushed about five ounces of fluid blood, and a coagulum which measured three inches. The lateral ventricles also contained blood. In the right hemisphere was a large irregular cavity, capable of containing six or seven ounces; and its sides, when gently wiped, presented the open mouths of ruptured vessels, which appeared to be those which entered from the outer side of the right hemisphere. There was no other appearance of disease, and the texture of the whole, where not actually broken down, was firm.

Case of complete Amaurosis of both Eyes, followed by extensive Carbuncles on the Back, and enlarged Liver and Spleen.

This interesting case is communicated by Mr. Cooke.

A gentleman, aged 52, had enjoyed good health, and been temperate in his

habits, and rather active in his pursuits. For two years previous to the attack which forms the subject of these details he had suffered a little from dyspepsia, and taken some simple remedies. Early in 1826 he became affected with severe derangement of the digestive organs, particularly the liver. He had also pains about the head, chest, and loins, which were regarded as rheumatic: these he attributed to cold. He had a loose tooth removed, the socket of which continued to bleed so that he lost a considerable quantity of blood, and was again next day exposed to cold. He now suffered an attack of lumbago; the right temple became exceedingly painful, and afterwards the arms became affected. The pain was of a gnawing character, and aggravated at night: that of the head was external, and not accompanied by throbbing. He had not much fever.

Leeches were applied to the right hypochondrium; blood was taken from the arm; the acetum colchici was administered, the state of the "hepatic secretions" attended to, and a solution of opium, when the pain was most severe, applied to the head. In about a fortnight he was so much better as to be able to return to his business; but he did not recover well, having a capricious appetite, irregular bowels, and considerable debility. He now also observed that his sight was not so good as formerly.

He went to the sea-side for five or six weeks, where his health was a little improved; but he soon began to experience violent pulsation on the left side of the head, and continued to be annoyed by *muscæ volitantes*, which had appeared when his vision first became affected. He was advised to be cupped and to leave off wine, of which he had been allowed two glasses after dinner. He returned to town much the same, and about the middle of the week after the right eye became more dim, and speedily "nearly dark." There was no inflammation, and but a slight opacity of the pupil. He had not been cupped, as previously directed, and twelve ounces of blood were now taken from the back of the neck; after which a blister was applied, and grain doses of calomel, with a little tartarized antimony, administered every six hours. A few days after this he was seen by Mr. Travers, who looked upon the complaint as very

formidable. The right eye had now become inflamed and tender on pressure, and vision was so indistinct that he could only distinguish light from darkness. He was again cupped, and the mercury continued till his gums were affected. An opiate was administered at night, and the patient's mind soothed. No amendment followed, and at next meeting with Mr. Travers some improvement of diet was agreed upon. It was now proposed to see Dr. Farre, and some delay took place in accomplishing this, which produced great agitation of the patient's mind. The doctor looked upon the case as one of *asthenic amaurosis*, and recommended tonics. At this time the patient was under the full action of mercury.

Within a few days after this plan had been adopted, an improvement was perceived both as to vision and general health. Mr. Cooke, however, was now requested to look at a swelling on the back: he found an indolent carbuncle, the size of a walnut, near the neck, and which he cut through: the incision gave little pain till the knife reached the bottom. He observed that there were several red pimples on other parts of the back; and within two days one of these had extended greatly, and a free incision was made into it. He now took decoction and tincture of bark, with sulphuric acid.

The eyes got worse, and the carbuncles continued in an unfavourable state. At this period Mr. Cooke was requested by his patient to remove two loose teeth: he found them to adhere rather firmly to the gums, which were flabby. Soon after this operation the gum began to bleed, and continued to do so for several hours. The hæmorrhage was stopped at the time by introducing a small compress firmly into the socket, but broke out again before night. A most distressing occurrence now took place: an injudicious friend recommended diluted muriatic acid as a wash to the mouth. This was used frequently, and the parts entirely denuded of their cuticle, inflamed, and swollen. The bleeding was not arrested until portions of lint were inserted tightly into the socket. Though much reduced, he rallied again in the course of a fortnight, under the use of bark and nourishing diet, and the sloughing of the back assumed a more favourable aspect. Notwithstanding

ing an attack of diarrhœa, an ulcer on the sacrum from lying upon it, and the formation of carbuncles on the back, he struggled on till September, when he had so far recovered as to be able to ride out in a close carriage. The abdomen was now observed to be large, and, on examination, the liver and spleen were found extending far beyond their proper boundaries. In October he began decidedly to break down, and died on the 8th of November.

Examination of the Body.—There was a very slight deposition of fluid between the membranes of the brain. The pia mater was highly vascular. There was an increase of vascularity about the union of the optic nerves; anteriorly to this they were natural—posteriorly they were “excessively softened,” particularly the right. The ventricles did not contain more fluid than usual. The spleen weighed four pounds and a half, and contained a few small tubercles; and the liver was more than double its ordinary size, and was “rather indurated.” The stomach was healthy. The cœcum internally presented “a worm-eaten appearance.”

On the above case Mr. Cooke remarks—

“From the succession of the symptoms we must infer that the affection of the head was consequent on derangements originating in the digestive organs: first, the muscæ connected with symptoms of cerebral plethora, arising from increased action, and the amaurosis ensuing on disorganization, or altered structure. The indication of bleeding by cupping, and the counter irritation by blistering, and the mercurial action, were unequivocally confirmed. It is true that the loss of the second eye occurred when the patient was under ptyalism, nevertheless it was partly connected with mental perturbation. Whether any advantage might have resulted from a more extended perseverance in those plans, and more vigorous means of cutaneous excitation, may be somewhat doubtful.”

But a very different view is taken by Dr. Farre, who says—

“A disease ranging through the cardiac system, and manifesting its morbid action on various textures, might be illustrated by every constitutional asthenic disease; the very essence of which is, that the arterial tree is weak. If the exhalent arteries, or the

more minute vasa vasorum, in such a case inflame, because they are weak, and the disorganising process increase in the ratio of that weakness, shall we therefore diminish the force of the heart and arteries, by the abstraction of blood, or what is equivalent to it, shall we diminish red blood by the mercurial action, and hope to cure by reducing yet lower the asthenic powers of the arterial system, which constitute the very proximate cause of the disease? What would be the result, if in scorbutus, instead of giving unsalted butcher's meat, vegetable acids, and fresh vegetables, we had recourse to venesection and mercury? The case lately read before the Hunterian society, and faithfully stated, but not, in the Editor's opinion, accurately analysed, by his friend, Mr. Cooke, is in point. It is to be regretted that the heart and large arteries were not examined, but the record of the living condition of the capillary arteries supplies the deficiency, and solves the case. The obstinate hæmorrhages consequent on extracting loose teeth, and the formation of carbuncles, demonstrate a condition of the arterial system which, in his opinion, is incompatible with the treatment by blood-letting and mercury.”

Two cases of excessive dilatation of the aorta, with enlargement of the heart, follow. They do not appear to be of sufficient interest for particular description.

We have next “a case of acute Peritonitis, speedily proving fatal, but not affording the anatomical evidence of its destructive effects.” All the important facts of the case are detailed in the title.

A case of *Bronchocele*, by Mr. M'Crea, of Islington, contains some points of interest. A youth, aged 17, of spare habit, had been observed from his infancy to have a large neck, but from which he suffered no inconvenience till November 1826, when he was attacked with bronchitis. This complaint was cured, and in June 1827 iodine was employed, on the recommendation of Mr. Vincent, both internally and externally. It was begun on the 18th, and on the 23d Mr. M'Crea was requested to see him. He had just returned from town, where he had been on business. His respiration was exceedingly hurried, his head thrown back, and his face and hands purple. He had no difficulty in swallowing, but respira-

tion was performed with a wheezing noise. He pointed to the throat, just above the sternum, as the seat of uneasiness, and it appeared that he had been unable to lie down the night before, his breathing having become more difficult from the time of his taking the iodine. The external veins of the neck were very turgid, and the tumor considerably enlarged, extending from the angles of the jaw to within the sternum. Leeches were applied, and purgative medicine administered. Next morning he was found sitting up, with the same purple hue of the skin, and with the appearance "of one dying from strangulation." He died about two o'clock, soon after eating some lamb "greedily."

The circumference of the neck was fifteen inches and a quarter. The enlarged thyroid gland almost surrounded the trachea, and had the dimensions above stated. The jugulars and superior and inferior cava were much enlarged.

A case of *Anomalous Bronchocele*, which terminated fatally, is communicated by Mr. Dalrymple, of Norwich, and is very curious.

W. L., 50 years of age, had a large tumor on the right side of the neck, of twelve years growth. On the 13th of Dec. 1827, its shape was irregular, and its surface nodulated. It occupied the whole of the right side of the neck, sinking beneath and behind the trapezius muscle, and forwards as far as the median line, pushing the trachea to the left side, and impeding respiration. The most prominent part was at the sternal end of the clavicle, lying over the two first ribs and a portion of the sternum, to the size of a Seville orange. In some places the tumor felt hard, but the greater part was soft, the lower portion evidently containing fluid. The general colour was a dull red, but the lower tumor was purple, tense, and polished, being "full even to the point of bursting." No pulsation could be felt in any part of it, nor even any vibration communicated from the carotid. At the upper part of the swelling, below and behind the lobe of the ear, an indistinct pulsation could be perceived, as if the carotid artery had been thrust out of its natural position.

The point of a lancet was introduced at the spot which, by its situation and appearance, seemed most favourable for this purpose. The skin was ex-

ceedingly thin, and the orifice smaller than that in venesection. The tumor discharged seventeen ounces of pale straw-coloured serum, followed by about an ounce of dark blood. The wound was then closed with adhesive plaster, and the patient went home. In less than half an hour, however, he was alarmed by the tumor having regained two-thirds of its former bulk, with an oozing of blood from the puncture. A surgeon in the neighbourhood restrained the bleeding by placing his finger on the wound, till Mr. Dalrymple arrived. The dressings were removed. The patient had lost six or seven ounces of blood, and this continued to flow, not *per saltum*, but in a small trickling stream. The hæmorrhage was immediately restrained by the application of a compress on the wound, bound by a piece of adhesive plaster. The patient was put into bed, and a pupil left with him. The wound continued, for four or five days, to discharge a slightly tenacious colourless serum, during which period his strength gradually declined. On the 20th, the discharge was bloody. On the 22d, three different bleedings occurred. 23d the dressings were removed. The tumor was much reduced in size, and the skin loose, but dark, as if about to slough. About two drachms of blood only were lost. The patient was drowsy, and complained of pain in the region of the heart.

24th.—No discharge of any kind; patient insensible. He died at 7 o'clock.

On examining the tumor after death, it "was found occupying a space as before mentioned, from the ear and jaw of the right side, to the point of the shoulder and front of the sternum; it was divided into several lobes or cysts, filled with dark grumous blood, having a foetid smell; the sterno-mastoid muscle crossed over it, and was confounded in part with the anterior and external portion of the swelling; it was also covered inferiorly and externally by the clavicular portion of the trapezius; behind it rested on the scaleni muscles; below, on the longus colli and cervical vertebræ; above, it pressed very much on the axillary plexus, and towards the mesial line, thrusting the trachea and larynx over to the left side. The left lobe of the thyroid gland was healthy, and communicated by its isthmus with this tumor, in which it was confounded and lost. The lower tumor was placed over

the pectoralis major, pressing on the cartilages of the two first ribs, depressing them, and also on the first bone of the sternum. The carotid of that side was seen entering the tumor from behind, and emerging just before its division. The inferior tumor was cut into and exhibited traces of incipient sphacelus. These parts were removed entire, with the blood-vessels cut from the heart, and minutely examined. The tumor was now found to be very irregularly divided into several lobes of various states of consistence, some being merely slight membranous cysts filled with thin dark blood; others of a denser nature, internally divided into cells or honeycombs, while still another class were firm, hard, and of a glandular structure. These cysts communicated with each other by openings of various sizes and directions. Water was thrown into the carotid artery, but this vessel did not communicate with the tumor; in fact it was afterwards found to be only buried between its different lobes.

“The isthmus of the thyroid gland was, as before said, united to the tumor, the left lobe of which was healthy, but the right lobe wanting. The state of the vessels at once contradicted the supposition of the tumor being of an aneurismal origin. The question now arose as to its actual nature. The state of the thyroid gland, its left lobe, the condition, and relative position of the isthmus, connected with the following fact of its former history, indicates an anomalous form of disease of this structure. About two years previous to Mr. L.'s death, he consulted a surgeon for this swelling in his neck, and, although all recollections as to its true nature and appearances are too indistinct to be detailed, the fact of his having been directed to take the tincture of iodine is clearly made out. This leaves little doubt as to its having then been considered an instance of bronchocele.”

The case is a curious one, and seems to have been a source of much anxiety to the able and intelligent surgeon by whom the particulars are detailed.

A case of *Chronic Cynanche Laryngea*, apparently from syphilis, afforded the usual post mortem appearances of the disease—namely, ulceration within the larynx, and destruction of the cartilages.

A case of acute inflammation in the

Pharynx, Larynx, and Œsophagus, is related by Mr. Stanley, in which he performed the operation of tracheotomy. Much temporary relief was afforded to the breathing, but the patient died the same night, within twenty-four hours from the commencement of the attack.

Proceeding in the order of succession, we next come to some experiments on the bark of the cinchona cordifolia, by Mr. Battley: but as he postpones till a future opportunity the conclusions to be drawn from them, so we shall postpone our analysis till he has completed the subject.

A paper follows on the muscularity of the iris, by Mr. John Dalrymple, in which he endeavours to shew that part to be a sphincter. This position he attempts to establish by various physiological and pathological arguments. Among the latter we observe two cases illustrating the effect of large doses of narcotics on the iris, which are interesting.

“A very intelligent friend of mine lately had an opportunity of observing the violent effects of opium in an attempt at suicide. The patient, when first discovered, after having swallowed a considerable quantity of laudanum, exhibited but few signs of life; the lips and extremities of the fingers were blue; breathing laborious, drawn at long intervals, with spasm; pulse at the wrist scarcely perceptible; skin without sensation; total loss of all voluntary motion; lips and eye-lids firmly closed. *The pupil, on raising the lids, was found contracted.* After a lapse of nine hours the patient exhibited signs of returning animation, and ultimately recovered. In this case, we observe, that under the influence of so direct a narcotic, all voluntary muscular power had ceased, the involuntary muscles alone acting; (and even these with difficulty) and we find the pupil much contracted, as if the straight fibres had been paralyzed in common with the rest of the voluntary muscles, and the circular or sphincter iridis were alone capable of acting.

“The next case is one where large doses of belladonna, administered to a delicate female by mistake, had nearly proved fatal. A practitioner, at the west end of the town, a man of much observation, had sent a prescription to an apothecary's in the neighbourhood, where belladonna was by accident made into five grain pills, in the place of ex-

tract of bark. One of these pills was taken by the lady, which produced much nausea, vertigo, and restlessness; yet she repeated the dose at the time prescribed. Shortly afterwards the surgeon was sent for by a most urgent message. When he arrived he found his patient extended on a couch apparently lifeless; the face purple, as well as the tips of the fingers; breathing slow and convulsive; in fact, with every symptom which indicates approaching dissolution. The eye-lids were unclosed, and the *pupil was found contracted to the minutest point*. To use the expression of the surgeon, it was *a mere pin-hole*. Emetics were administered, and a variety of applications were resorted to, and the lady ultimately recovered. This case is one of some interest, and its explanation may be as follows:

“Belladonna is known in small doses, or when locally applied, to produce an enlargement of the pupil; but may it not act, as various narcotics do, when administered in small doses, as a stimulus; and more especially, when externally applied, as a local stimulus, exciting contraction of the radiating fibres? On the other hand, when given in an overpowering dose, as in the case related above, it will at once paralyze the voluntary powers, and the sphincter iridis being unopposed, will contract to its utmost extent.”

Proceeding with the articles in the order in which they present themselves, (for no kind of arrangement seems to have been attempted,) we come to an account of the origin and progress of the Medico-Botanical Society, extending through seventeen pages, and to be continued in the next number! The whole, or nearly the whole of these details, have appeared in the various newspapers, to which accounts of the proceedings of the Society are always transmitted. The number concludes with some observations on the climates of Barbadoes, the Azores, and Madeira; and thirteen pages are devoted to closely printed meteorological tables.

The profession would receive the result of Dr. Farre's practical experience and pathological investigations with gratitude: but even his name will not serve as a passport to the extraordinary medley with which he has presented us on the present occasion.

A Manual of Modern Surgery, founded upon the Principles and Practice lately taught by Sir Astley Cooper, Bart. F.R.S. Surgeon to the King, &c. and Joseph Henry Green, Esq. F.R.S. Professor of Anatomy to the Royal Academy, &c. Edited by THOMAS CASTLE, F.L.S. Member of the Royal College of Surgeons, &c. London: Cox and Son. 1828.

THIS book belongs to a class of publications for which we entertain no great regard; they are generally calculated, we fear, to render pupils careless, and, consequently, to produce superficial and ill-instructed practitioners. Such certainly is not the intention of the authors of many of the scientific compilations which are multiplying upon us every day; but to the student, whose time and means are limited, such short roads to knowledge are irresistibly tempting, and the just and legitimate objects of the author are too often overlooked. That Mr. Castle's Manual of Surgery is, generally speaking, skilfully put together, and that it contains, in a very portable compass, a great deal of excellent doctrine, we cheerfully admit; but it will not be by any means so useful as his “*Lexicon Pharmaceuticum*,” indeed surgery is perhaps one of the departments of science in which such compilations are the least useful, and which no man is justified in practising who has not attained a deep well-founded knowledge, both theoretically and practically—and this will render any appeal to a Manual unnecessary: but let us hear Mr. Castle's own reasons for publishing this work:—

“The grand source and support of all surgical knowledge must ever devolve on the noble institutions which humanity has erected in this and other cities of distinction; for without these, the collateral rays which emanate from private practice would never have raised the dignity of surgery to the rank it now holds in the opinion of the world. Here we have at one and the same time an assemblage of the diseases and accidents to which mortality is heir to, and, attached to every institution, a school of instruction for the young and inexperienced, where they may learn to avoid the superstition and empiricism of our ancestors, and be taught to exercise their profession with honour to themselves, and with benefit to the public.

"Although every means of cultivating sound surgical knowledge is generally given in these institutions, yet there remains, in my humble opinion, one point in which their utility might be more constantly secured to the pupil. The mere walking from one ward to another, and taking a cursory view of every patient, is not a proper plan to be pursued; they should take with them a pocket companion, and when they meet with any particular case, they should first make their own observations, and then immediately refer to know what they have overlooked, or what is unusual to its general character. In this way they would readily acquire accuracy of observation, and soon become tolerable masters of each subject.

"Notwithstanding the surgical press teems with works of every description, I do not know that there is one which will answer the double indication of furnishing the pupil with a general outline of the science, and, at the same time, is sufficiently portable to admit of no personal incumbrance as a companion to the wards. It is under such an impression that I am endeavouring, in the publication of this little volume, to supply that deficiency; and as the opinions herein contained were for many years delivered at a public hospital, and have been occasionally published to the world, the reader must not expect anything novel, save the manner of re-communication. The lectures from which I have made my extracts, I was led to select because they are the result of extensive practice, and the instructions of observing surgeons; the one highly courted for his skill and universal reputation, the other equally admired for his general knowledge and professional acquirements.

"My sole object in the execution of my task has been directed towards the convenience and advantage of the student; but if he unhappily consider his inquiries have gone sufficiently far, when he understands the contents of the volume in hand, he labours under a very serious and dangerous error: the work is only presented to him to refresh or direct his memory, and not to complete the grand structure of his surgical understanding. Surgery is a science too extensive to be condensed in so small a compass—it is only possible to give leading points, and he must natu-

rally look to other sources before he can conscientiously enter into practice."

Now with these restrictions borne in mind, we have no hesitation in saying that the little work before us is capable of affording great help to the surgical pupil; but we must again repeat that he must not consider himself exonerated from studying with attention the standard authors.

It is obviously impossible to criticise a book of this description with any degree of minuteness: we think that some of the subjects had better have been omitted altogether, or treated upon a more extended scale. That portion of the work devoted to the symptoms and treatment of both vegetable and mineral poisons is particularly meagre. Albumen, as a remedy in the case of poisoning by corrosive sublimate, is not even alluded to. In speaking of gonorrhœal inflammation, Mr. Castle's theory and practice are equally faulty: he says that the inflammation generally attacks both eyes, and is of long duration, and that it requires the same medicines as are used in gonorrhœa; whereas the inflammation of the eye from gonorrhœa is one of the most acute and rapidly destructive diseases with which we are acquainted, and the remedies usually employed in gonorrhœa are absolutely powerless. In this condition of the eye, it requires the most prompt antiphlogistic treatment, and the most undivided and zealous attention of the surgeon, to prevent the destruction of the organ. It is true, indeed, that in the second part of the Manual, professing to be notes of Mr. Green's lectures on diseases of the eye, some remarks upon this form of ophthalmia, under the head of purulent ophthalmia, are introduced; but there the notice is scanty, and should certainly have appeared among the symptoms or consequences of gonorrhœa, where alone the pupil is likely to look for it.

Erysipelas is another topic discussed by Mr. Castle, in about half a page, and no sub-division of this complaint is mentioned; while all the treatment recommended is comprised in these three sentences:—

"With respect to the treatment of this affection, that must depend upon the constitution you have to deal with, and whether you are practising in the

town or in the country. In London the best thing you can do is, first to give calomel for restoring the secretions of the liver and intestines; then allow a generous diet, and administer the ordinary tonics.

"You will find, where erysipelas attacks the lower orders of this town, who weaken their constitutions by the excessive use of ardent spirits, that gin may be sometimes advantageously employed as a remedy, at once being the evil and the cure."

Having now mentioned two or three instances of what we consider to be defects, it is but just to say that some of the most important surgical complaints are treated of in a creditable manner: we should especially mention hernia, lithotomy, dislocations, and fractures.

MEDICAL GAZETTE.

Saturday, October 18, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

EXTIRPATION OF THE UTERUS.

THIS operation has been performed under different circumstances, which require to be distinguished, to prevent the results in one class of cases from influencing our estimate of the operation in cases which are dissimilar.

1st. Oslander performed the excision of the neck of the uterus, and M. Lisfranc has repeated it so often, that there can be no doubt of its being in many instances an operation without pain or danger. No one, however, who knows the subject accurately, can read these cases without seeing that the operation was in the greater number of instances unnecessary, from the absence of malignant disease, while in those cases in which such disease was present it was unsuccessful. What is called cancer of the uterus is seldom or never so confined

to its neck that the removal of this part will remove the disease; and all that these operations prove is, that the operators know little of the disease which they imagine they are extirpating, and that the excision of the neck of the uterus is not attended with so much danger as might have been anticipated. Let not, however, the impunity with which the neck of the uterus has been removed be confounded with the result of extirpating the whole organ—they are entirely different operations; and what is true of the former throws no light on the latter.

2dly. Cancer has occurred conjoined with a complete prolapse of the uterus, so that the whole organ has protruded externally, and has been removed by a ligature round the inverted vagina, above the tumor. As this compound case occurs very rarely, this operation very seldom admits of being performed.

3dly. The inverted uterus has been removed successfully by ligature. In this operation it is the fundus and part of the body only which are removed; the rest of the body, and the neck, through the orifice of which they had protruded, being left behind.

4thly. The whole uterus, in its natural situation, has been removed in a considerable number of cases on the continent, and lately by Dr. Blundell in this country. A month or two ago this enterprising practitioner favoured us with the details of a successful case, which has produced a strong sensation among the practitioners of England. We learn, on unquestionable authority, that he has since then performed the operation again, and that the patient died, (it is said of hæmorrhage), within six hours afterwards. We know, on equally good authority, that he had performed the operation some time before the successful case, and that the

patient died soon afterwards in a state of collapse, without any hæmorrhage to explain it. Of the three operations, therefore, which Dr. Blundell has performed, only one has been successful,—the two others being followed by the speedy death of the patients.

In our last Gazette we published a case in which this operation was performed by Mr. Banner, the surgeon of Liverpool; and in which the woman died on the fourth day after the operation. We applaud the conduct of Mr. Banner on this occasion—not merely for the dexterity with which he seems to have operated, but for the courage and candour with which he comes forward and publishes an unsuccessful case.

The extirpation of the whole uterus has now been performed in England four times within the last two years; three times by Dr. Blundell, and once by Mr. Banner of Liverpool: of these cases one only has recovered; the three others have lost their lives. It is important that this should be known, that those who venture on the operation may be fully acquainted with the slight chance which it affords of success. The extirpation of the whole uterus may be called the forlorn hope of surgery—a kind of lover's leap; in which most of those who take it perish in the attempt, but those few who escape alive are cured.

We sincerely hope, and fully expect, that Dr. Blundell, having published his solitary case of success, will publish also his two unsuccessful cases; for on such a subject, not only the truth, but the whole truth, ought to be told, in order to guide the profession right in so difficult and important a question. It may be some time before he has leisure to draw up an account of the particulars; in the meanwhile this general statement may supply its place, and is especially necessary, because cases are continually occurring in which the propriety of performing the operation will have to be

discussed, and which renders an accurate estimate of its dangers of the utmost value. Let it be remembered that out of four cases in which the uterus has been extirpated in England three have proved fatal*.

A NEW REMEDY FOR A NEW DISEASE.

OUR readers are not, perhaps, aware of the discovery of a new disease by a celebrated practitioner of this metropolis, whose “proper designation” we have not yet been able to obtain, but who is either physician or surgeon, as the case may be. This grand novelty is a “wasting of the liver,” and it appears to be exceedingly common, though hitherto unsuspected; indeed it is declared *ex cathedrâ* (the discoverer's arm-chair in his patient-room, in S—— Street,) that all the lanky, tallow-faced individuals that are seen wandering about London, have livers by far too small: hence their ill looks and sufferings, and hence the necessity of their consulting the celebrated practitioner aforesaid. Sorry are we to say, however, that hitherto no remedy has been found of service, and after months of fee-paying, and gallons of medicine, the poor patients, having lost heart as well as liver, have deserted the man who alone possesses the secret of their disease, and put themselves under the care of some unenlightened “regular.”

Under these circumstances, then, we do not hesitate in publishing the “new remedy” which has been suggested to us by a medical friend, feeling as confident as analogy can make us that the plan will succeed, and the wasted livers regain their proper dimensions. The hint is taken from that humane expedient of gourmands to fatten up the livers of geese for the fa-

* Since writing the above, we have heard that the operation has been performed in Edinburgh, by Mr. Lizars.

mous Strasburg pies ; humane, we say, —for we are told by a classic writer on culinary delicacies, that the geese must rejoice in their martyrdom, when they reflect on the delicious morceau to which they are destined to contribute. We would recommend, then, that in all future cases of wasted liver, the rectum should be stitched up, and the patients kept constantly in a crib before a blazing fire—after the manner of their brethren at Strasburgh.

SMALL-POX AT OXFORD.

THE newspapers have been stating that the small-pox is raging like a plague at Oxford ; attacking, without discrimination, those who have had the cow-pox, those who have had the small-pox, and those who have had neither. This has been contradicted by Dr. Symonds, of Bath, in a letter in the Times newspaper of the 9th October, who states, that the cases altogether have not been very numerous ; that of thirty who had previously had no protecting disease five died ; that in those cases which occurred in persons who had previously had the small-pox itself, the disease was not rendered shorter or milder, an important fact in estimating the protecting power of cow-pox. Lastly, and that in the cases which occurred in those who had been vaccinated, the small-pox was beautifully modified—*beautifully* modified ! Dr. Symonds, we believe, is a very respectable man, but why will doctors write in this way ? It only makes them the laughing-stock of the public, who can never be made to see any beauty in a face covered with scabs ; and after all it arises from an affectation of love for their profession ; they wish to shew enthusiasm in it—a very ridiculous quality, unless regulated by good sense and good taste. We have known many men who among their relations and friends passed for enthusiasts in their profession, of whom

the greater number were very silly fellows.

MEDICO-CHIRURGICAL SOCIETY.

THE members of this society held their first meeting of the season on Tuesday evening, under very favourable auspices. The room was crowded ; and we trust the society will continue to flourish as much as it did last year. Mr. Travers took the chair at the usual hour, and the commencement of a very elaborate and interesting paper on Phlebitis, by Mr. Arnott, of Burlington-Street, was read. The particulars of this communication we shall give at greater length than we usually report the proceedings of the society, because we regard the subject as very important, and the views of the author, so far as they were developed, appeared to possess considerable novelty. Indeed if the general positions of the author should be confirmed by future observation, Mr. Arnott will be entitled to the credit of having established a new and important doctrine in pathology. As, however, the reading of the paper was rather abruptly interrupted by the expiration of the hour, we think it better to postpone our account until we can give a continuous sketch of the whole.

We would also take this opportunity of remarking that the essay in question is a good specimen of what a paper to be read before such a body as the Medico-Chirurgical Society ought to be ; viz. an attempt to illustrate or establish some general principle by a reference to multiplied experience. The paper of Mr. Brodie on Injuries of the Head, and that of Mr. Lawrence on Erysipelas, (much as we had the misfortune to differ with him on particular points) also afford examples which we hope will not be lost sight of ; and we respectfully suggest to the council that the publication of common-place papers, or detached cases, ought in future to be abandoned.

ON THE CURE OF CONSUMPTION.

NO. II.

Nam neque decipitur ratio, nec decipit unquam.
MANILIUS.

THE most anxious endeavours of regularly educated medical men have been assiduously directed to discover a cure for consumption; and almost innumerable have been the means which their experience and skill have devised: but of the remedies which they have introduced, a few only have excited extraordinary sensations, and the reason is obvious. No extravagant attempts have been made to puff them into notice; no cases of mild or doubtful character have, in order to make a display, been exaggerated into *confirmed* consumption; no zealous friend, addressing himself to incompetent judges, has striven by plausible but fallacious reasonings to prove that they possessed virtues which never existed. The *PHYSICIAN* has made his appeal, not to the *literary*, but to the medical public: his discovery, therefore, has soon been brought to the test of reason and experience, and its real value has been speedily ascertained.

It was at one time supposed that a plethoric state of the lungs always prevailed in phthisical complaints: it was therefore recommended to employ frequent bleedings, to relieve this plethoric condition; and this plan was in so many instances found to be beneficial, that it came to be almost universally adopted. But the remedy thus indiscriminately applied was very often productive of most serious mischief. Blood-letting is no longer expected to be a certain cure for consumption, but, judiciously employed, it is a most beneficial remedy in the early stage of phthisis.

A physician of some theoretical attainments, but of no practical experience, argued that consumption, being "founded in debility," ought to be assailed by tonics and stimulants. He recommended bark, myrrh, steel, &c. for medicines; and for diet, beer, wine, broiled beef-steaks, soups, savoury dishes, and all the variety of stimulants which the *gourmand's* kitchen could furnish. He published a few cases in support of his doctrine; but, upon investigation, they proved to be cases of debility indeed, but not cases of phthi-

sis; and the medical public soon decided that his remedies were naught. Had these cases been submitted to a *literary* tribunal, and the plan been much adopted, it is probable that, as in the last stage of consumption a more generous diet sometimes gives temporary alleviation to the disease, and as the self-flattered patient is readily led to "believe that he shall at last recover," it is probable, we say, that this recommendation would have been vaunted as a great discovery, and the theorist proclaimed as a wonderful genius.

The application of factitious airs to the lungs was strongly urged about thirty years ago; and the attention of all scientific men, of chemists and philosophers, as well as that of the medical profession, was directed to these means. The remedy consisted in chemically separating the constituent parts of atmospherical air, and giving, in a more or less diluted state, oxygen, hydrogen, or nitrogen, to be inhaled by the patient.

Upon the same principle of applying to the lungs themselves remedies which might counteract organic mischief in those bodies, it was proposed to modify the air which the patient was to breathe; and this was to be done either by adding to its coolness or by increasing its heat: or it was thought that the air might be made the medium of conveying powerful medicines to the lungs by impregnating it with the vapour of æther, vinegar, tar, hemlock, opium, &c. Many cases were published which exhibited the effects of all these means in the fullest and most satisfactory manner, and the result proves to be this: that some conditions and states of phthisis are relieved by some of these means, but that phthisis itself is not cured either by the gaseous fluids separate or combined, nor by the impregnation of the air with any kind of vapours, nor by diminishing or increasing its temperature. Even the advocates for breathing the balsamic air of cow-houses, and those who recommend the patient to inhale the more dense vapours which arise from new-ploughed fields, confine their expectations of effecting a cure to the incipient stage of phthisis.

The principal benefit which consumptive patients obtain through the medium of the air, consists in regulating its temperature. By keeping them regu-

larly and moderately warm, many threatening symptoms may be checked and removed. In these cases, however, the means of cure are efficient—not so much by being applied to the lungs themselves as by being applied to the whole surface of the body, and by preserving in healthy action the cutaneous vessels, which are extensively and almost imperceptibly performing the most important functions.

A physician of very deserved eminence hoped that he had found in the *uva ursi* a remedy for this disease, and he published a volume upon the subject, which contains some very interesting and instructive cases and observations in confirmation of his hypothesis: but though the *uva ursi* may be occasionally used with advantage in relieving symptoms, it has no claim to be considered as a cure for confirmed consumption.

About the year 1800, so high an encomium was passed by a very ingenious physician, and an ardent lover of his profession, upon the *digitalis*, as brought it at once into the most extensive employment. He spoke of it as a cure for consumption equally certain as was the bark for ague; and several of his contemporaries, who repeated his experiments with the *digitalis*, were almost equally sanguine in their expectations. Since this period, *digitalis* has been very generally employed as a remedy for phthisis; yet phthisis prevails as extensively as ever. *Digitalis*, therefore, though useful in relieving symptoms, and in meliorating many complaints combined or connected with consumption, must, like all its predecessors, yield up its claim as a specific for this dire disease.

It is unnecessary to advert to other proposed means. Enough has been detailed to demonstrate that, whether the plan of cure has been announced with the meretricious glossing of a quack advertisement, or introduced with the more sober explanations of the scientific physician—though brilliant reports of success may be fabricated to support the one, and the first collection of cases may seem to prove the efficacy of the other; yet, in fact, all that has been accomplished is this—that phthisis has sometimes been arrested in its incipient stage, and sometimes in its more inveterate stage the means applied have deprived it of much of its rigour.

ΙΑΠΑΝΘΡΩΠΟΣ.

EXTRACTS
FROM THE
PORTFOLIO OF A PHYSICIAN PRACTISING IN LONDON.

No. I.

Hereditary Shingles.

L. SWINBURNE, nine years of age, had a severe attack of herpes zoster, April 14, 1827. The disease occupied the chest, and spread from left to right. His grandfather suffered several times from the same complaint: so did one of his uncles, John Moody, who had it in the Duke of York's School, at the age of twelve years.

Tongue-tied.

Edmund Haffer, residing in St. Pancras, was found, on examination this morning, Dec. 4, 1818, to be truly and fairly tongue-tied. He is ten years old. The point of the tongue cannot be protruded at all beyond the teeth. A thin ligamentous band ties it down to the edge of the lower jaw, which I could raise upon a probe. The boy repeated the Lord's Prayer without any hesitation, or perceptible deviation from the ordinary sound of the voice.

Rheumatism of the Mother causing Death of the Fœtus.

Sept. 24, 1825.—A female, a martyr to rheumatic gout, never bore a live child after she became subject to rheumatism. She had had eight children in all, three prior, and five subsequent to the commencement of her illness. She carried them all to the full time. Mr. North attended her on each occasion.

Buffy Blood from Cupping.

A servant of Sir H. B., in consumption, was bled by cupping. Three cups of blood were taken, and the blood was buffy in each.—Oct. 30, 1819.

Aphonia cured by an attack of Hæmatemesis.

A young woman lost her voice entirely for eight months. Suddenly she was attacked by hæmatemesis. A pint and a half of blood came up. The voice returned the next day, and she continued well. During the whole of the preceding period she had experienced some pain in the left side, where she heard something crack. Catamenia always regular.

Vomiting cured by Liquor Potassæ.

A case of incessant and long-conti-

nued vomiting, accompanied by a furred state of the tongue, was effectually cured by ten drops of the liquor potassæ, taken every six hours. During the progress of the cure, the anus became itchy and painful, with tenesmus. The irritable state of the stomach depended, doubtless, upon the formation of acid by that organ. *Quære*, can acid be generated within the intestinal canal? I think not.

Chicken-pox contemporaneous with Cow-pox.

April 25, 1827.—I saw this day a fine baby, three months old, covered with complete genuine lymphatic chicken-pox, running its course along with perfect cow-pox, this being the second day of chicken-pox, and the tenth day of cow-pox. The chicken-pox were very numerous on the scalp, back, and shoulders. Around the base of each vesicle (many of which were full, like little bladders,) was an irregular circle of inflammation. The child's tongue was quite clean, and *the skin cool*. The disease had been taken by contagion from the infant's brother, who had caught it at school.

Mode of treating the Stings of Wasps.

The best cure for the stings of wasps, or other venomous insects, causing intumescence, is the strongest alcohol (Eau de Cologne) kept continually applied to the part.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Compound Fracture of the Tibia and Fibula—Supervention of diffuse Inflammation, terminating in Gangrene Incisions.

HENRY ROSE, ætatis 25, was admitted into this hospital on the 1st of October, under the care of Mr. Brodie.

He was a coal-porter, and whilst in a state of intoxication fell beneath the wheels of a coal van, both of which passed over the limb, a little above the internal malleolus. The accident happened at the distance of three or four miles from the hospital, to which he was immediately brought in the waggon. On admission, both bones were found to be broken, attended with a wound

of the soft parts, opposite the fracture, and apparently caused by the protrusion of the tibia, which was greatly comminuted. There was not, and had not been much hæmorrhage, nor was there any considerable ecchymosis. The patient was of a robust and plethoric habit of body, addicted to the use, or rather the abuse of malt liquors. The wound was dressed lightly; the limb placed in junks, and wetted with cold lotion. On the 2d considerable swelling had occurred in the leg, where he suffered much pain. The pulse was 120, full and compressible; tongue furred, but moist; skin hot; face flushed in a remarkable degree.

Venæsectio ad ℥xij.

The blood was much buffed and cupped, and the pulse getting up in the evening again the bleeding was repeated to sixteen ounces. This second batch of blood was also buffed and cupped, and the patient experienced relief from its abstraction. On the 3d the swelling of the limb had increased, and extended above the knee; the tongue was white; the pulse 130, full, but compressible. The bleeding was not had recourse to a third time; but salines, with epsom salts, and antimonial wine, exhibited instead. On the morning of the 4th the leg was attacked with inflammation, of a dusky or brownish hue, and having no defined margin, which extended up the thigh in the course of the day, deepening its dye, and acquiring the gangrenous character. On the night of this day an emphysematous crackling was felt on the inside of the leg, and just above the knee. There was little pain on pressure, and the symptoms of depression were becoming established, marked by the weakness of the pulse, coated tongue, and expression of the features. A symptom was at this time observed, which continued ever after, and daily acquired additional intensity; we allude to an earthy or cadaverous odour on the breath, a symptom always formidable—very often fatal.

He passed a bad night, and presented on the 5th the following appearances. The limb was much swollen, and the inflammation extended from the ankle to the groin on the inside of the thigh; from the same point to as high as the trochanter on the out, the front of the thigh being little affected. The emphysematous crackling noticed on

the 4th was now more distinct, and on pressing below the knee an offensive discharge was seen to issue from the wound. On visiting the patient, Mr. Brodie made incisions on the inside and outside of the leg, exposing the cellular membrane in a state of slough, with putrid pus deposited around it, and disengaging a quantity of sulphuretted hydrogen gas. A short incision was made with the same result on each side of the thigh above the knee, dividing the fascia, and exposing the leaden-coloured, sloughing cellular membrane. Some vessels were divided, and bled pretty smartly; but pressure was sufficient to arrest the hæmorrhage, after which a poultice was applied. The limb on the preceding day had been transferred from the junk, to Mr. Amesbury's apparatus, omitting the side splints, and merely keeping up a moderate extension by means of the boot and strap around the thigh.

Rx Liq. Ammon. Acetat. ʒ iij.; Ammon. Subcarb. gr. v.; Liq. Opii Sedativ. ℥v.; Mist. Æth. c. ʒj. hâc nocte.
Pint of porter, and four ounces of red wine, daily.

The relief which was obtained by these incisions was decided, the pain disappearing, and the cutaneous inflammation perceptibly fading. The emphysema, however, being felt on the 6th in the thigh, fresh incisions were practised through the fascia, and the cellular membrane found, as before, to be sloughing. The limb now presented a curious spectacle, the incisions extending from the foot to the summit of the thigh on each side, and paved throughout with that dark and disorganized cellular tissue which has not unaptly been compared, in its appearance, to "brawn." The chlorate of soda was applied in solution to the wounds, and the limb kept moistened with linen rags dipped in the same. On the 7th he was considered to be doing very well, but close observation detected a trifling hurriedness of manner.

Quin. Sulph. gr. j.; T. Opii ℥v.; Acid. Sulph. Dil. ℥ij.; Aq. ʒj.

On the 8th there was little alteration, save that the conjunctiva had acquired a degree of muddiness, whilst the previous high flush upon the cheek was dimmed by a slight but perceptible yellowness of skin. The condition of the thigh was remarkably improved, the

wounds being comparatively clean; the inflammation decidedly abated. The leg, however, continued much *in statu quo*.

9th. To-day a new and a fatal train of symptoms have set in; symptoms apparently indicative of purulent deposits in the liver or the lungs. The yellowness of skin increased; there is pain in the right side of the chest and hypochondrium, increased upon pressure, inspiration, or coughing; the pulse is rapid, and its beats not distinct; the tongue dry and brownish in the centre, red at the edges and tip; the countenance anxious; the manner hurried. Suspecting that the pain in the side and disturbance of the system might depend upon matter confined in the leg, Mr. Brodie made one or two incisions, exposing putrid matter, and sloughy cellular membrane. The patient expressed some relief, but this, as will afterwards be seen, was fallacious. The quinine was omitted, and the wounds well washed with the chlorate, which seemed to possess not the slightest effect.

In the evening he was seized with a severe fit of coughing, followed by very profuse perspiration, and increase of the pain in the side. This pain was not relieved on the morning of the 10th, and the symptoms altogether bore a very unfavourable cast. The leg had assumed a more dusky colour; the cellular texture was uncommonly black and sloughy; the discharge, which, indeed, had been more or less the case for some days, was exceedingly scant.

Haust. Salin. c. Tinct. Opii ℥v. 6tis horis.
Empl. Lyttæ hypochond. dextro.

The strength of the solution of the chlorate was increased from one part of Fincham's liquor in sixteen of water, to one in seven.

That semi-delirium noticed in cases of internal abscesses was now quite established, consisting in a peculiar hurriedness of manner, and desire to assure the inquirer that all was doing well. No rigors had hitherto occurred, but at 2 A.M. of the 11th, a very severe one came on, followed by heat and perspiration. In eight or nine hours another succeeded, even more severe than the first. The pulse was 120, and small; the tongue rather furred. He was ordered a purge of blue pill, and the compound extract of colocynth,

at bed-time ; but on the 12th, when we saw him, he was apparently hastening fast to the grave.

Abstract of a Clinical Lecture delivered on the above Case by Mr. Brodie.

Mr. Brodie observed, that previous to passing to the consideration of the case immediately before him, it was necessary to make some preliminary remarks on the subject of sloughing, and causes which produce it.

Sloughing may occur as a consequence of idiopathic inflammation. It may arise also from mechanical injury—and mechanical injury may operate in two ways : either it is such as at once to destroy the organization, and with it the life of the part, or merely induces inflammation, which inflammation shall terminate in sloughing. Some parts possess more of the principle of vitality than others, and resist with more success the disorganizing effects of inflammation or injury. The cellular membrane having a lower degree of life than the muscles, or even the skin, is sooner destroyed by the same amount of injury. For instance : a man gets a blow upon the instep which does not destroy the integument, and appears to have caused little mischief, but, in a day or two, a sort of puffy swelling is observed, and on making a free incision the cellular membrane beneath is found in a state of slough, with putrid pus deposited around it ; the skin at this time being perfectly sound. This is not a mere matter of curiosity, for incisions performed under these circumstances are attended with highly important results. The cellular membrane having sloughed, whether it be from injury or idiopathic inflammation, erysipelatous or phlegmonous, the skin, if the case be left entirely to itself, will sooner or later die also. Incisions, however, if made at the proper period, prevent the destruction of the skin altogether, or moderate the sloughing, if it does occur.

Mr. Brodie remarked that this was no new discovery ; the old books of surgery having long recommended us to scarify in cases of mortification. In carbuncle, which after all is only a form of inflammation and sloughing of the cellular membrane, a crucial incision has long been the practice pursued. Mr. Brodie has been in the habit, for several years, of practising incisions in

cases of sloughing of the cellular membrane, and seldom without very decided benefit. The following are examples of the practice mentioned, not as being in any way singular, but for the purpose of impressing the fact more on the minds of the students.

A woman was attacked, in the hospital, with extensive and severe erysipelas of the leg. The limb was much swollen, and, in one part, that emphysematous crackling was felt beneath the skin which indicates the existence of sloughs. When the crackling was felt Mr. Brodie employed scarifications, and exposed extensive sloughs of the cellular membrane. The patient was immediately relieved and rapidly recovered ; no destruction of the skin taking place except in one spot, where no scarification had been used.

An elderly lady consulted Mr. Brodie on account of an inflammatory affection of the leg, the character of which cannot be better described than by saying it partook of the nature of erysipelas, and also of that of carbuncle. The inflammation was diffuse, but not bounded, as in erysipelas, by a defined margin, and every where the emphysematous crackling could be felt. The tongue was brown, the pulse intermitting, and the patient altogether so ill that a physician of very great experience did not think that she could survive three days. Free incisions were made by Mr. Brodie, and sloughs exposed. There was great relief, and the lady recovered without any sloughing of the skin except in one part, where this process had begun before the incisions were made. Both of these cases occurred between four and five years ago.

The sloughing which arises from local injury is frequently out of all proportion to the apparent extent of the mischief inflicted, depending, in Mr. B.'s opinion, on the state of the habit, or particular idiosyncrasy of constitution. Thus a gentleman who had led a most intemperate life met with a slight accident just above the elbow-joint : the surgeon who saw him gave a favourable prognosis, but at the end of a few days, when Mr. Brodie was called in, he found nearly the whole of the limb presenting the emphysematous crackling, and the cellular membrane evidently sloughing. The gentleman died. A man received a slight compound fracture of the tibia extending to the knee-joint,

together with an injury of the head: this complication precluded amputation of the limb, and in three or four days the man died; the cellular membrane sloughing as high as the hip-joint, and the skin also sloughing in parts.

It was long an established rule in surgery not to amputate during the progress of sloughing. Baron Larrey, however, who has given to this affection the name of "traumatic gangrene," introduced an important alteration in practice, by amputating before any line of separation has formed. In his work upon Military Surgery, he details several cases of success, and similar ones have occurred in this country. Mr. Lawrence has published an account of a case in which he performed amputation of the arm while gangrene was spreading, and the patient recovered. In the case of a boy at this hospital, where sloughing succeeded compound fracture of the tibia and fibula, Mr. Brodie amputated the thigh without waiting for the line of separation: tetanus, however, which (as it was found) must have begun *before* the operation was performed, destroyed the patient in thirty-six hours. On examining the stump, it presented no traces whatever of sloughing, although the cellular membrane was actually infiltrated with serum, discoloured, and in that state which immediately precedes sloughing, at the part divided by the knife.

In the case we are now reporting, Mr. Brodie adopted the practice of incisions, cutting down through a fascia, and exposing the cellular membrane extensively and rapidly sloughing. Here, then, was a case of traumatic gangrene, and two roads were opened to the surgeon; he had his choice of amputation and scarification. Mr. Brodie, as we have seen, decided on the latter, and for the following reasons. Amputation, if performed at all, must have been above the knee; an operation which is serious at the best, and not altogether unattended with danger, even under more favourable circumstances. Go (said Mr. Brodie) the rounds of the London hospitals, and inquire the results of amputation of the thigh—you will find it is any thing but uniformly successful. In such a state of health, and in such a habit of body, as the present patient enjoyed, this hazard must have been most ma-

terially increased: in short, the patient was in as unfit a state as he could well be in for so serious an operation. In the next place, the loss of a limb to a labouring man is always a point to be avoided if possible; and, indeed, it is better for the patient to run a greater risk in the attempt to preserve it. On these accounts, then, Mr. Brodie preferred scarifications, taking great care to secure the bleeding vessels, which frequently, in these cases, bleed even furiously. Before taking leave of the scarifications, Mr. Brodie adverted to the principle on which amputation is performed, contending that, after all, it is only a very free scarification.

The concluding portion of the Lecture was devoted to the consideration of the state of the patient on the 9th. It will be seen from the report that the symptoms, till that day, were favourable, the man, for the first time, complaining on the morning of the 9th of pain in the right side of the chest and hypochondrium, increased on inspiration, coughing, or pressure. "You have often," said Mr. Brodie, "seen how one local mischief will lay the foundation for another—an injury of the head, or compound fracture, being followed by purulent deposits in the liver or the lungs. In this case, however, I was induced to think that the pain in the side might be merely sympathetic, and depend upon matter locked up and confined in some part of the leg. I was led to this opinion from the circumstances of a case which occurred at this hospital during the last summer."

The case to which Mr. B. alluded was that of a man with psoas abscess. This abscess was opened by a puncture in the thigh, and a poultice applied. After a time, however, the matter ceased to flow, and Mr. Brodie, on his visit, found him labouring under great constitutional disturbance, and complaining of severe pain in the side. Concluding that these symptoms were only symptomatic of putrid matter pent up in the cavity of the abscess, Mr. Brodie broke up the adhesions which had formed with a probe, put a cupping glass over the wound, and succeeded in drawing out a mixture of pus and semi-putrid coagulum. The pain in the side was instantaneously relieved, and the pulse lost its previous hardness.

On these accounts, then, Mr. Brodie

was led to make further incisions on the fore part of the leg in the present instance, each of which exposed sloughs of the cellular membrane, with offensive and putrid matter. The patient expressed himself relieved, but the effect of the incisions was by no means so marked as in the case of psoas abscess, nor was Mr. Brodie sanguine of their ultimate success. The prospect of the patient, in Mr. B.'s opinion, was a bad one; as not only was there fracture, and that not a slight one, to contend with, but deep and extensive mischief of the soft parts to boot, the cellular membrane of the leg being not merely in certain situations, but every where, in a state of sloughing.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Concussion of the Brain and Spinal Marrow, with extravasation of Blood around the Theca Vertebralis.

THOMAS POTTER, æt. 13, was admitted on Monday, the 6th instant, into Luke's ward. He had fallen from a scaffold about five-and-twenty feet above the level of the street. When brought in he was insensible, and breathing stertorously: his eyes were fixed, and his pulse was a little oppressed. He was slightly sensible when pinched. He was not sick. Upon placing a strong light before the eye, the iris at first very slightly contracted, and then dilated itself to some size,—a circumstance connected with the fickleness, if it may be so called, of that membrane, which has been observed by Dr. Hennen in his Military Surgery (in the case alluded to by the doctor there was effusion between the membranes, as in this case), but which is not a very common occurrence. The respiration was laboured. When Mr. Stanley saw him he thought these symptoms might be resulting from pressure on some portion of the brain, from a fracture and depression of the skull. The chief blow of the head had been received upon the right parietal bone, just above the temporal ridge. There was no wound of the scalp; but Mr. S. thought, by the feel, that the bone was depressed; and he was borne out in his opinion by most who were present. He accordingly cut down upon the bone on the side of the skull, and made a circle—not very large. The

bone bled freely; but it was not depressed, neither was there even a fracture; still the symptoms continued unaltered. There was no blood extravasated about the dura mater: the wound was closed, and nothing further was done. He was not altogether insensible to the operation. Four hours after he had been operated upon he became convulsed, and continued in that state through the night. He passed some urine, but had no stool. The convulsion continuing, he died in the afternoon of the following day, having lived 22 hours after the accident.

Post mortem examination.—On exposing the dura mater, the veins of the brain looked full and turgid. A small portion of blood was extravasated beneath the anterior lobe of the left hemisphere. The substance of the brain was very slightly lacerated about that part. There was also some effusion of blood beneath the cerebellum, and the brain was here also slightly broken down. There was no fluid in the ventricles.

When the spinous processes of the vertebræ were removed, the theca seemed enveloped in extravasated blood, almost in its whole extent, but chiefly at its termination. Cutting down the theca exposed the vessels of the cord, which were in a state similar to those of the brain. There was an evident fluctuation beneath the arachnoid membrane, which proved to be an ounce or more of turbid serum, which had been effused upon the cord, the whole of which seemed to be in a general state of inflammation. At the commencement of the sacrum there seemed to be more blood extravasated in the cellular tissue around the theca than elsewhere. There was some rupture of the vessels about the fore part and neck of the bladder, which formed a considerable coagulum behind the pelvis. There was not a bone broken in the body.

Wound of the Radial and Ulnar Arteries.

John Smith, æt. 22, Oct. 11, was washing a dish, when it flew and struck him on the fore-arm, inflicting a wound which extended across the flexor muscles, so as nearly to divide them in twain. The wound was situated about four inches below the bend of the elbow, and was in an oblique direction. The man bled to nearly a quart before

pressure was made upon the brachial artery. Directly he was admitted he was taken into the operating theatre, and Mr. Lawrence being present, immediately proceeded to examine the wound. Having done this it was enlarged, in a direction towards the wrist, and loosening the tourniquet, shewed the chief hæmorrhage to proceed from the radial artery; which being examined, was seen to be divided, and directly secured at each extremity. The ulnar artery was not divided, but was simply punctured. Mr. Lawrence introduced a double ligature beneath the artery by means of an eye-probe; the ligature was then separated, and the artery tied above and below the opening. The wound was closed, and he was sent to his ward: it was afterwards properly done up. In the evening he was in very little pain in the wound. He had a very good night's rest, and the next morning had no bad symptom. His pulse was rather full.

13.—Going on very well; little or no pain in the wound.

PARIS HOSPITALS.

Hôtel Dieu.

Osteo-Sarcoma of the Upper Jaw.

ON the 26th of September M. Dupuytren performed an operation of the most severe and difficult kind—the extirpation of a tumor the size of the fist, arising from the upper jaw and connected with parts the lesion of which must have produced the most fatal results. The subject of this operation was a man of 50 years of age: for two years he had experienced a pain situated about the second molar tooth; this tooth was drawn, but the pain did not subside—on the contrary, together with the swelling, it increased continually; two or three of the neighbouring teeth were removed, but without stopping the growth of the swelling. The following is a description of the tumor before the operation:—Outwards, and extending backwards, it touches that part of the buccinator muscle which is anterior to the process of the superior maxillary bone and to the pterygoideus internus, to which it firmly adheres; within, and still proceeding from before backwards, it is connected

with the cavity of the mouth, with the pillars of the palate, and with the tonsil, which is pushed downwards, and these parts are apparently confounded with the tumor;—above, it reaches beyond the zygomatic arch; below, it presses upon the floor of the cavity of the mouth, pushing down the submaxillary gland. There its connexions are very important: it approximates to the nerves and vessels that penetrate the tongue and the neighbouring glands, as well as to the inferior dental nerves and blood-vessels. In front its attachments are of little importance, but behind it lies close to an organ of great consequence. The internal portion of the posterior surface of the tumor is merely contiguous to the posterior portion of the pharynx, but its external surface has very intimate connexions with the internal carotid artery. It was only by avoiding all the dangers by which this operation appeared to be surrounded that success could be expected. M. Dupuytren had foreseen, calculated, and observed every thing: nevertheless he was wavering, and he appeared for a moment to doubt his own dexterity. On Wednesday last, when the patient was brought to the amphitheatre, he appeared uncertain as to the line of conduct he should pursue; but Sir Astley Cooper was present at this visit, and was consulted by the Professor. Sir Astley recommended the extirpation of the tumor, and said that the cheek must be extensively laid open and the tumor detached, even down to the bottom of the pharynx. This was M. Dupuytren's intention, who was pleased to find his opinion fortified by so imposing an authority, and he therefore observed to Sir Astley—“Sir, you give me great encouragement; and if I am not successful, your opinion will at least serve as my apology.” The operation was appointed for Friday, and it was performed in the following manner. 1st. A large incision was made in the cheek, extending from the commissure of the lips to the anterior edge of the masseter: this incision was made through the cheek at once; the labial arteries were immediately secured. 2dly. The pedicle of the tumor was sought for: this portion of it was then laid hold of by the blades of a pair of cutting forceps, modified on purpose for operations of this kind. It was thus divided in a great measure,

and a certain degree of motion was then perceived in it.

3dly. The tumor was separated from its intimate connexions with the pterygoideus internus, sometimes with the assistance of the common bistoury, sometimes with a button-pointed one, and afterwards with the fingers. The same was done at the inferior part. Those M. Dupuytren preferred tearing rather than cutting, because he found himself close upon nerves and vessels which it was necessary to avoid. At this period of the operation it was found that the tumor was free, both outwards and below. The operation was about to proceed, when the patient, who had not uttered a single complaint, said that he felt himself exhausted: the operation was consequently suspended for a moment, and after he had recovered himself the tumor was detached upwards and outwards, and afterwards a little inwards; and then it was laid hold of by a strong pair of pincers, and forcible continued traction was made upon it, which evidently disturbed its connexion a good deal; but the patient was again about to faint, and it was necessary to suspend the operation, though the tumor still continued to be held by the pincers. The patient having recovered his strength, the pincers were given to M. Sanson, and, whilst this gentleman continued to pull forcibly and uninterruptedly, M. Dupuytren detached and tore, with the index finger of each hand, those tissues by which the tumor continued to adhere to the posterior and external part of the pharynx: at length it was entirely separated and brought out. It was of the form and size above described; it was surrounded on all sides by healthy tissues, which proved that the whole of the disease was removed; outwardly, a small portion of the pterygoideus internus was seen adhering to it; within, a part of the pillars of the velum palati, together with the tonsil, which was diseased, so that there was bony, cartilaginous, fibrous, cellular, adipose, and scirrhus tissues comprised in the diseased mass. There was, besides, fungous and other more advanced alterations of structure, which could not be shewn because the tumor was not entirely laid open.—*La Clinique*.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

METHOD OF PREVENTING MILK FROM TURNING SOUR.

Put a spoonful of wild horse-radish into a dish of milk; the milk may then be preserved sweet, either in the open air or in a cellar, for several days, while such as has not been so guarded will become sour.

USE OF CHAMELEON MINERAL FOR MARKING LINEN.

In many large establishments linen requires to be marked quickly, permanently, and economically. The following is a process recommended in France:—Heat a mixture of 1 part oxide of manganese of commerce, and 2 parts of nitre, or common potash, to redness; the green substance obtained is to be preserved in dry bottles, as it changes in the air. When required for use, it is to be powdered, and mixed with its weight of pipe-clay, and then water added, to make a very thin paste. This mixture is to be applied to the linen, either by a brush or a stamp, or in the manner of stencilling, or even by a pen, if it be made thin, and used quickly. The green paste quickly changes to brown on the linen, and the latter being washed about half an hour afterwards, the loose particles and the potash are removed, and the marks left of a deep brown colour. This writing perfectly resists the action of alkaline lixivias, even though strong; it also resists soap and weak acids: hence the process may be useful to calico-printers. The operation depends upon the reduction of the manganic acid in the chameleon mineral to the state of oxide by any organized matter. The same circumstance renders it necessary to keep the substance from the contact of such bodies, and it is in its best state when recently prepared.—(J. D.) *Ann. de l'Industrie*, i. 309.

SUBSTITUTE FOR THE SULPHATE OF QUINA.

Bartholomea Rigatelli, a chemist of Verona, says he has discovered a substance which may be used instead of the sulphate of quina; but the notice given

of it is so imperfect, that it would not be worth attention except that it comes from a Committee appointed by the Academy of Verona, and may therefore be supposed to have some foundation. The committee report that the saline substance spoken of is obtained from an indigenous plant common to all Europe; that it is obtained in considerable quantities by a simple process; that it consists of an acid in union with a vegetable alkali; and that it contains nothing which can injure the health. The salt is friable, of an earthy appearance and brick red colour, having a more astringent and bitter taste than the sulphate of quina; its odour is slightly vegetable, but scarcely perceptible. When pulverised, the powder is white and very soluble in water. Multiplied observations have proved that it may be successfully used in place of sulphate of quina, in every case where the latter has been found advantageous.—*Bull. Univ. C.* xiv. 101.

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NATURE OF ALOETIC ACID, OR THE BITTER OF ALOES.

M. Liebeg finds this substance to be a combination of carbazotic acid, and a particular substance having many of the properties of resins. The bitter of aloes may be formed in large quantity, by acting upon aloes with nitric acid of the specific gravity of 1.25. The substance obtained forms a purple salt with potash, but little soluble, and precipitating the salts of baryta, lead, and peroxide of iron, of a deep purple colour. When a solution of this salt was precipitated by acetate of lead, the water employed to wash the precipitate had a yellow colour, and deposited small crystals of the same colour. These crystals heated in water with sulphate of potash, gave carbazotate of potash, and from that carbazotic acid was obtained.

When aloes are heated with nitric acid of specific gravity 1.432, until the liberation of nitrous vapour ceases, and the liquid be mixed with a little water to separate a small quantity of bitter principle, then, by neutralization with potash and evaporation, a large quantity of carbazotate of potash in fine crystals is obtained.

Wool, morphia, narcotine, and myrrh, did not give carbazotic acid by treatment with nitric acid.—*Ann. de Chimie*, xxxvii. 171.

NYMPHOMANIA.

At the sitting of the Royal Academy of Medicine of the 1st September, M. Lisfranc, referring to a case of nymphomania cured by cauterization, took occasion to remark that it is incorrect to consider all cases of nymphomania and hysteria as of a nervous nature; these affections often depending upon an inflammatory condition of the neck of the uterus, or on a turgescient state or hypertrophy of the body of that viscus. He related the case of a young lady who was affected with nymphomania, evidently the result of an inflammatory attack, and which was removed by antiphlogistic treatment, such as local bleedings, warm hip baths, and injections of half liquid poultices of linseed: these were retained in the vagina by means of a plug of charpie, and were renewed hourly. M. Lisfranc reckons about ten cases of these affections cured by the same means; nevertheless, he thinks that when the inflammatory symptoms have been removed by proper means, cauterization may be beneficial.—*La Clinique*.

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AMPUTATIONS OF THE UTERUS PERFORMED BY M. LISFRANC.

Since the last communication made by this gentleman to the Academy of Medicine, he has performed seven amputations of the neck of the uterus. Of these seven patients four are completely cured, and enjoy a good state of health; two are under cure, and one is dead, in consequence of an attack of peritonitis following the operation: he particularly mentions this fact, since it is the first instance of a patient dying of an affection of the kind; the peritoneum could not in any way have been injured in the performance of the operation. M. Lisfranc has completed his forty-third amputation of the neck of the uterus, and has had only four unsuccessful cases.—*La Clinique*.

NOTICES.

The communications of "Dr. L. Stewart,"—"Dr. Seymour,"—"An Apprentice,"—"Pharmacopola and Philanthropos," have been received.

We shall inquire about the St. George's Case.

We have received a satisfactory answer to "An Enquirer," which we shall give in our next.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 47.] SATURDAY, OCTOBER 25, 1828. [VOL. II.

SELECTIONS
FROM
LECTURES ON THE PRACTICE OF
PHYSIC.

BY W. F. CHAMBERS, M.D. F.R.S.

Physician to St. George's Hospital.

[Concluded from page 581.]

TREATMENT OF FEVER.

IN the treatment of the early stage of fever, *i. e.* the stage of congestion or sanguineous accumulation, we have sufficiently dwelt on the occasions which call for the detraction of blood, generally and locally, and the manner in which purgatives are to be exhibited. It only remains to be mentioned, with reference to the treatment of this period of fever, that means must be at the same time used for reducing the temperature of the skin, and promoting a salutary diaphoresis.

With the view of diminishing superficial heat, it will be necessary to sponge the body frequently with cold water, or vinegar and water, or cold water with the admixture of a small quantity of spirit, (Eau de Cologne, for instance.) The proportions are not of much importance. It may be sufficient to add a fourth part of spirit, or the same portion of vinegar to the water; the former is more agreeable than the latter, and quite as efficacious; but the prejudices of ignorant people generally induce them to prefer the latter. I know not, in fact, that simple water, which is more readily evaporated than vinegar, would not answer the purpose quite as well as the mixture in question. Some suppose that the addition of spirit prevents the patient from catching cold from the application, which will there-

fore be more readily used thus than if cold water alone were ordered. This is a very good reason for directing the water to be mixed with a small quantity of Lavender water, Eau de Cologne, or Hungary water. In practice amongst the poor, Hollands, or common spirit of wine, may be substituted for these perfumes.

Besides this mode of cooling the patient, which, be it remembered, must only be used when the skin is pungently hot and dry, certain medicines are calculated to produce the same effect when taken internally; of these, the principal are the nitrate and supertartrate of potass, the acetate and citrate of ammonia; and, in fact, most of the neutral salts, in small quantities. The mineral and vegetable acids, and the spirit of nitrous ether, as well as the ether sulphuricus, in small doses, answer the same purpose.

The following are specimens of prescriptions containing the articles just mentioned.

Rx Potassæ Nitratis gr. x.; Potassæ Carbonatis ʒj.; Succo Limonis recentis ʒss.; Aquæ distillatæ ʒj.; Sacchari albi ʒss. M. Fiat haustus, sextâ quâque horâ sumendus.

Rx Potassæ Supertart. Pulv. ʒss.; Mucilaginis Acaciæ ʒj.; Sacchari albi ʒss.; Ol. Limon. m.j.; Aquæ distillatæ 3xi. M. Fiat Haust. sextâ quâque horâ sumend.

The cream of tartar may be given, also, in what is called imperial drink, which is merely a solution of half a drachm of the salt in about a pint of water, sweetened to the taste.

Liquor ammoniæ acetatis may be given every six hours, in doses of ʒss. or 3vj. each with equal parts of distilled water; but I confess I prefer the citrate

of ammonia very much to the acetate of that alkali, as it is, in my opinion, equally efficacious, and much less disagreeable to the palate; for since the habit has prevailed of making the liquor ammoniæ acetatis with pyroligneous acid, instead of distilled vinegar, this medicine is exceedingly nauseous.

The following draught, containing the citrate of ammonia, is by no means unpleasant to the taste.

Rx Ammonia Subcarbonatis gr. xv.; Succi Limonis recentis ℥ss.; Aquæ distillatæ ℥vj.; Spiritûs Myristicæ, Syrupi Tolutani, aa. ℥ss. M. Fiat haustus, sextâ quâque horâ sumendus.

The best mode of administering the mineral acids is in the shape of a drink, to be taken *ad libitum*, consisting of about a drachm of dilute nitric, or dilute sulphuric acid, or half a drachm of muriatic acid, and a pint of water, sweetened to the taste with sugar. A very good drink, which has obtained the name of Sutton's punch, is made by mixing half a drachm of dilute sulphuric acid, and half a drachm of sulphuric ether, with a pint of water, and sweetening the fluid with a sufficient quantity of *brown* sugar.

Other agreeable refrigerant potions may be made by diffusing the syrup of preserved tamarinds through water, or flavouring thin barley-water with orange marmalade, or impregnating it with the aroma of the outer rind of lemon, or Seville orange-peel, by pouring the water, whilst boiling, on the lemon or orange-peel. These and similar liquors may be administered quite cold, or even iced.

I need scarcely add that cold rennet whey, or cold toast and water, or even cold spring water, may be freely allowed to patients suffering from the thirst and heat of fever: indeed, I know not but that the simplest liquors are as efficient refrigerants, when administered quite cold, as those which are of a more complicated character. Amongst the means of refrigeration I would mention free ventilation as one of the most important.

The only diaphoretic medicines which are now much in use in fevers are the preparations of antimony, particularly the pulvis antimonialis of the pharmacopœia, and the vinum antimonii tartarisati. The former may be administered in doses of from three to six grains every six hours, in powder or

pill; or twenty minims to half a drachm of the antimonial wine may be added either to the draught of liq. ammoniæ acetatis, or of citrate of ammonia, just now mentioned; or, if you prefer it, the antimonial wine may be prescribed in a common saline draught, thus:—

Rx Potassæ Carbonatis ℥j.; Succi Limonis recentis ℥ss.; Aquæ distillatæ ℥j.; Vini Antimonii Tartar. ℥xx.; Sacchari albi ℥j. M. Fiat haustus, sextâ quâque horâ sumend.

Let us now suppose the disease advanced a stage farther, and to be in the second period, or that in which effusions or lesions of structure take place—which period, in fact, commences by the conversion of the symptoms, which have been hitherto active, into those of a passive character.

The first effect of this change is, in some instances, the giving way of the vessels of the mucous membranes, which have been in a state of congestion; and the occurrence, in consequence, of passive hæmorrhages from the mucous lining of the air-passages, but more frequently from the villous coat of the small intestines.

These hæmorrhages, consisting chiefly of venous blood, are generally attended with considerable prostration, as we have seen, of the powers of the constitution; there being at the same time great difficulty felt by the practitioner, in assisting the strength of the patient, lest he should aggravate the sanguineous accumulation which is the cause of the hæmorrhage. Under these circumstances the only medicines which seem applicable to the necessities of the case are the mineral acids; whilst the system is supported by small quantities of easily digestible but nutritious diet, rather than by stimulating liquors.

The following draughts are applicable to this state of symptoms.

1. Infusi Rosarum 3xj.; Acid. Sulph. diluti ℥x.; Syrupi Rosarum 3j. M. Fiat haustus, tertiâ quâque horâ sumendus.
2. Aquæ distillatæ Oj.; Acidi Nitrici dil. 3vj.; Sacchari q. s. ad gratam dulcedinem. M. Bibat totum quotidie partitis vicibus.

The diet may consist of calf's-foot-jelly, orange-jelly, arrow-root, beef-tea, or chicken-broth, in small quantities, a little thickened with ground rice or arrow-root, and so on. The patient should take all his nourishment, if possible, cold, and his ordinary drinks may be

iced. He should be kept perfectly quiet, and at such a temperature as is agreeable to him; I mean as cool as his comfort may admit of, taking care, however, that his extremities are not chilled.

This brings us to the next point to be considered. Let us suppose now that this debilitating hæmorrhage has not taken place; but that, after the patient has been freely purged, and otherwise treated, as we recommended in the first stage of the fever, and thus relieved of the earlier symptoms of congestion, he still exhibits an unsatisfactory physiognomy, with some of those uncomfortable features of irritation which I stated as leading to a suspicion that the glandular or tuberculous ulceration was commencing in the bowels, (about the ileo-colic valve); that is, that the mucous glands (Peyer's glands) have become overloaded by their own secretions, and are now exciting that degree of irritation in the surrounding tissues which leads to their speedy ulceration.

If the tenderness in this region be, at this stage, very severe, I have sometimes found it advisable to apply a few leeches again; but this is not always necessary: we must, however, at all events, lose no time, under these circumstances, in endeavouring to excite in the system an action which is almost invariably found inconsistent with both the effusive and the ulcerative process—I mean the action of mercury. This is best done by giving two or three grains of calomel, either with the same quantity of antimonial powder, or, if the bowels be irritable, with three grains also of extract of white poppy, about every four hours. Another way of controlling simple irritation of the bowels is, to throw up a large injection of warm water, a pint or more: (this sometimes succeeds in stopping this kind of diarrhoea, without the use of any opiate, in conjunction with the calomel;) and ordering every other morning a scruple of rhubarb, or six drachms of oleum ricini, simply to keep the bowels clear from irritating secretions and ingesta, which exceedingly exasperate any ulcers with which they may come into contact.

The treatment throughout the whole of this second period of the disease must be conducted on this principle. You must recollect, however, that all cases of fever do not arrive at this pe-

riod with the advantage of judicious treatment from the commencement of the attack. You will find that patients have often reached the ulcerative stage of the disease without having had any purgatives administered; but rather, perhaps, the oppression caused by the determination of blood to the intestinal canal has been mistaken for debility, and has been treated with bark, ammonia, and wine; and the efforts which the bowels have been making to relieve themselves, by repeated evacuations, have been considered as a weakening diarrhoea, and have been checked by chalk and aromatic or opiate confection, and other astringents. If such be the misfortunes of your patient, the first thing to be done, even although the disease be far advanced, is to remove the existing evils by the free evacuation of his bowels. In this advanced stage, however, the bowels are to be treated somewhat more tenderly than at an earlier period of the disease. A smaller dose of calomel than was recommended at the commencement of the disease (*e. g.* three grains) may be given now, combined with a scruple of rhubarb in powder, or followed by the same quantity in a draught made with mint water. I am in the habit also of sometimes giving at this period, and under such circumstances, fifteen or twenty grains of aromatic confection, with the rhubarb draught, which I find allays or rather prevents the intense griping which is apt to accompany the action of purgatives at this period of the disease. It is of great advantage, under such circumstances, when the pain is severe, to apply a large sinapism (cataplasma sinapis) to the abdomen. This must be kept on only for about a quarter of an hour at a time, otherwise it is apt to produce a bad superficial sore. In milder cases, the poppy fomentation will be sufficient to soothe the uneasiness.

The medicines I have just mentioned must be repeated daily, but cautiously, until the excessive distention and hardness of the abdomen have been removed. If, however, ulceration has commenced, the belly will still remain tense, and somewhat painful when firmly pressed, and will require the steady adoption of those means which were before recommended to be used in the case which we supposed to have advanced to the ulcerative period *in spite* of proper treatment.

The other accidents which occur at the same time with that diseased state of the bowels which we suppose is now commencing, are effusions into the head, and condensations of the lungs, with serous accumulations in the thoracic cavities. The indications, however, offered by these circumstances, suggest very little in addition to the treatment which the *intestinal* lesion has prompted. The impregnation of the system with mercury is the great remedy for relieving the head of the fluid which the exhalants are beginning to throw out. To this may be added a grain of powdered squill, and half a grain of powdered digitalis, with a view of acting on the kidneys. Blisters also, as the disease advances, may be placed with advantage on the nape of the neck; behind the ears; or on the scalp, previously shaved: and these may be dressed either with the strong mercurial ointment or with a mixture of equal parts of savine cerate and the mercurial ointment.

I have said that I would apply blisters to the head itself or to the neighbouring part—the neck. Now it is worth while to say a word or two with respect to the choice of the place on which blisters should be applied.

This must depend on the stage of the disease, or rather the character of the symptoms, and the general condition of the patient at the time. The blister should be applied to the head itself only when all active symptoms of sanguineous determination have ceased, or, which is the same thing, have yielded entirely to the effusive process: then, in fact, it is used as a direct stimulant to the part affected;—at an earlier period of the disease it will act more decidedly as a counter-irritant, if it be placed on the nape of the neck, or behind the ears.

With respect to the chest: if any thing can arrest the deposit of the coagulable lymph which is beginning to indurate the lung, or remove it when deposited, it is mercury. I should, therefore, not consider the mercurial action contra-indicated by the permanence of pectoral symptoms. The only addition that I should make under these circumstances would be the application of blisters to the chest, which may be either repeated or kept open in the manner just now mentioned. If there be symptoms of serous effusion into

the cavity of the pleura, the diuretics before-mentioned (squill and digitalis) are here also applicable.

We have hitherto been considering the treatment of this effusive or ulcerative period of the disease at its commencement: it will be necessary now, for the sake of clearly describing the whole process of treatment in this disease, to look at it once more in another point of view—I mean, to inquire what must be its treatment when this stage of the fever is much farther advanced.

We will now suppose that considerable effusion, or some structural injuries, have already taken place, and that these effusions and lesions are accompanied with very great prostration of the strength of the patient. It is, in fact, this last circumstance which particularly characterizes the state in which we suppose the patient to be now placed.

If there now appear any necessity for opening the bowels, it must either be done by injections, or, if these be not effectual, we must take care to choose the gentlest laxatives for this purpose: $\mathfrak{z}\text{ii}$. or $\mathfrak{z}\text{ij}$. of oleum ricini, or a saline draught with half a drachm of magnesia, will generally be active enough. The rest of the medical treatment should consist of gr. ij . or iv . of hydr. c. creta, every three or four hours, and a draught consisting of $\mathfrak{z}\text{iss}$. of camphor julep, or four grains of carbonate of ammonia, and $\mathfrak{z}\text{ss}$. of compound spirit of sulph. æther. This may be given with each dose of the powder. If the irritability of the bowels be excessive, a scruple of cordial confection, with five drops of tincture of opium added to the draught, will generally control it; or a small injection of starch (two or three ounces of the mucilago amyli) with forty minims of laudanum, will have the same effect.

It is by no means my intention to recommend locking up the bowels even in this stage of the disease: one or two, or even three motions a-day, will seldom injure a patient; but if we were to allow the bowels to be more frequently opened, there might be some fear of the remaining energy of the patient being exhausted by this evacuation alone. The purging, then, is to be checked just sufficiently to preserve the patient's life, and no more; for it is undoubtedly an effort of the constitu-

tion to relieve the diseased parts—an effort, therefore, which is only to be curbed when its indulgence is inconsistent with the safety of the patient.

Here also it will be necessary, for the same purpose (I mean, for the sake of keeping the patient alive when sinking from debility caused by disease, and not for the sake of curing the disease itself, which, generally speaking, it is much more likely to aggravate), it will be necessary, I say, to prescribe a small quantity of wine, or some other spirituous liquor. It is generally at this period ALONE that it is necessary to prescribe these stimulants; I have therefore deferred till now the mention of them. The quantity to be given at this time cannot be stated with any precision, as it must depend entirely on the effects produced by it. When the strength of the patient is nearly exhausted by the length of the fever, and the lesions inflicted by it, the quantity of wine required to support the patient may be stated, upon an average, at from four to eight ounces daily: the latter quantity is rarely required. It should generally be given in small quantities (a table-spoonful at a time, mixed with an equal quantity of warm water), at short intervals, every hour for instance, till a moderate warmth is produced in the skin; and then it must be omitted until the effects begin to subside, when it may be again administered. The necessity for caution in the mode of administering it in this, and all stages of such a disease as this, is obvious enough. In fact, it sometimes happens that even in the earliest stages of fever, when the active congestions are at their height, and a process nearly approaching to inflammation is going on in the system, there may be intervals of exhaustion from exertion, from want of ventilation in the chamber of the sick, or from excessive heat, and the patient may thus appear to be actually sinking from debility, being really in great danger for the moment from this cause. (Patients waiting in the cold, or in a crowded hall at the Hospital, are often in this state.) Under such circumstances it may be necessary to save life by the administration of stimulants in very small quantities; but having placed the patient in security, it is important that we should give no more. I need scarcely inculcate the strictest caution in exhibiting wine or brandy under such

circumstances, or insist on the necessity of immediately omitting it on the slightest appearance of re-action.

I remember Dr. Bateman telling me, and I believe he has mentioned the case in his book, that a patient was brought into the Fever House, when he was physician to it, in such a state of abject prostration, joined with the symptoms of low, continued fever, that he was induced to order him a pint of wine; and he told me that he found the man the next day in a raving delirium, with symptoms of the highest inflammatory fever, of which he soon died, absolutely exhausted by the fury of this latter attack.

The stimulating effect of brandy is about twice that of port or sherry; so that when it is substituted for them, it must be given in half the quantity, in order to produce the same effect.

The diet must consist, throughout the earlier stages of fever, of the thin farinaceous decoctions, and similar un-irritating fluids exclusively, until the stage of prostration which we have just now described occurs: it may then consist of beef-tea or chicken-broth, thickened with rice or arrow-root; or gruel, with, if necessary, wine or brandy.

Some of you, gentlemen, I doubt not, feel surprise that I have hitherto abstained from saying a word about that far-famed febrifuge, cinchona, or its substitutes, as applicable to the treatment of this disease; and perhaps you will be more surprised when I say, that under none of the circumstances hitherto mentioned would I think of prescribing it.

In the earlier stages, on our principles, its use would be obviously productive of the worst consequences; and, in the latter stage of prostration, the direct stimulation (when requisite) of wine or brandy, which are infinitely more palatable than any medicinal stimulants, is more easily manageable, and is therefore to be preferred.

I should never recommend the exhibition of any of the tonic barks or bitters, until I have produced a *clean and moist tongue*, and a *cool skin*.

I am satisfied, indeed, that if we are induced to prescribe bark, or any tonic of that class, whilst there is fur on the tongue, or any distinct dryness or heat of the skin remaining, we run a great risk of aggravating the sufferings of the

individual, and multiplying the perils of the disease. It is true, that by great good fortune you may occasionally find that bark, and other similar tonics, have not done harm, even when prescribed with a foul tongue. But the safest, and, I am sure, in most instances, the shortest path towards the cure of the patient, is to wait until a perfect apyrexia, as far as the tongue and skin are concerned, takes place; and then, but not till then, to be ready to assist, if it should appear necessary, in the restoration of the strength of the patient by the use of the medicines in question.

When the tongue has become quite clean and moist, and the skin is perfectly cool, and not till then, it will be of advantage to prescribe some light tonic, and carefully and gradually improve the diet of the patient.

A very excellent light tonic draught is thus made:

R Infus. Cascarillæ 3xi. : Acidi Nitrici diluti ℥xx. : Acidi Muriatici ℥ii : Syrupi Aurantii 3i. M. fiat haustus ter die sumendus.

The diet of the patient may now consist either of boiled or roasted chicken, or he may have a mutton chop, or a small piece of tender roasted beef or mutton, with a glass or two of wine, or a pint of porter, daily.

If the recovery of the patient be very slow, the decoction of cinchona may be substituted in the draught just now recommended for the cascarilla; or two grains of the sulphate of quinine may be given instead of the draught, either in solution or in the form of a pill. This change of medicine, however, is rarely necessary.

I may as well mention here that there are two circumstances which are apt to puzzle a young practitioner, during the convalescence of a patient after this disease. The first is, the frequency of the pulse, which will sometimes remain above 100 in a minute for a considerable time after the fever has subsided.

This, however, which is merely a symptom of weakness, if the tongue and skin are in a natural state need not induce us to postpone for a moment the use of tonic medicine or invigorating diet.

The other circumstance to which I allude is a head-ache, which the patient occasionally describes as very severe: it is sometimes a dull and heavy pain,

at others a pulsating sensation in the head, and occurs most frequently early in the morning.

This is naturally calculated, after the serious affection of the head from which the patient has just recovered, to alarm a practitioner not much used to the treatment of this disease; but he need be under no apprehension on account of this symptom, if the skin be cool and the tongue natural, for it is a very common associate of debility, and arises probably from a feeble and imperfect supply of blood in the brain, which is worst in the morning, before the circulation has adapted itself to the vertical or erect position of the body, rather than from any superabundance of the vital fluid in that organ.

If the pain be slight it will soon disappear, as the strength of the patient is re-established; but if it be inconveniently troublesome, it may be relieved more immediately by the addition of half a drachm of spirit of sulph. æther to his draught, or the same quantity of sal volatile, or even by simply improving somewhat more rapidly the diet of the patient.

[Concluded.]

REMARKS

ON

M. DUPUYTREN'S TREATMENT OF HÆMORRHOIDS.

BY J. BACOT, SURGEON.

IN a late number of the French periodical called "La Clinique," there is a paper purporting to be the result of M. Dupuytren's experience as to the best method of removing hæmorrhoidal tumors, external as well as internal, but more particularly the latter. It may appear, perhaps, presumptuous in me to attempt to controvert the discoveries and opinions of a man so eminent as Baron Dupuytren, but as I have had no inconsiderable share of experience in the treatment of the disease in question, and as I sincerely believe the mode of cure recommended by him to be in many cases fraught with great danger, I shall make no apology for offering the following observations to the consideration of the profession; indeed the very celebrity of the Baron's name renders it more necessary to put this matter in a proper point of view, since

it may very fairly be supposed that, under the sanction of his authority, the plan he advocates may be indiscriminately adopted by those who have not had opportunities of witnessing the danger and risk to which it gives rise. Perhaps of all those minor diseases which render life burthensome, without actually compelling the patient to forego entirely his usual avocations and amusements, none are more common than the existence of hæmorrhoidal tumors. These have been divided by authors into external and internal, and the distinction is not one of theory or convenience only, but is of the greatest practical importance. External piles, as their name implies, are situated on the outside of the sphincter ani, sometimes almost surrounding the anus, at others amounting only to one, two, or three in number. When not in a state of irritation they are flaccid and soft to the touch, *are covered by the common integuments*, and of a brownish ash colour; they are occasionally apt to bleed; sometimes they become tumid and tense, producing great pain in walking or sitting; their appearance then is much darker, and they both look and feel as if distended with blood. The bleeding from these external piles is sometimes constant, occasionally almost periodical, sometimes trifling, and at others amounting to a very considerable quantity; the blood appears to be poured or squeezed out, as it were, from the whole surface of the tumor, but now and then it is afforded by a single vessel. Such are the principal circumstances connected with the appearance and symptoms of external piles. It is not necessary now to dwell upon the opinions formerly entertained as to the salutary nature of the bleeding from these tumors, and the dangers likely to ensue from their suppression; neither shall I dilate upon their causes. Habitual costiveness, if, as some pretend, it has nothing to do with producing them, always contributes to their aggravation; and the effect of repeated strainings to évacuate the contents of the rectum sufficiently explains this fact. With regard to internal hæmorrhoids, or those situated within the sphincter, it may be said generally, that when existing in any number, or of any size, they are infinitely more troublesome and annoying than the external ones. They are a perpetual

source of uneasiness and trouble, and when suffering under temporary irritation, they are infinitely more painful. These tumors are covered by the *mucous membrane of the gut*, and have therefore a smooth, shining, red appearance, which at once distinguishes them, when protruded from the anus. They are always so protruded when the bowels act, and will frequently, when numerous or large, require to be replaced within the sphincter by the finger; there, however, they will only remain for a short space of time: they descend with any violent exertion of walking, by the expulsion of flatus, or in aggravated cases often merely from the body being kept too long in the erect position; so that people thus unfortunately circumstanced are perpetually compelled to stop, in walking, to replace the tumors within the anus, or to sit down to get rid of the extremely distressing sensation (it can scarcely be called pain) which they produce. The existence of these tumors has often a great effect upon the general health; they not only bleed occasionally, as well as the external piles, but they pour out (especially when under the influence of occasional irritation) an abundant muco-purulent discharge, and induce pain in the loins, thighs, and calves of the legs, as well as general debility. Though these tumors are now and then complained of by young men, it seldom happens that they produce serious inconvenience before the middle period of life; and though women are subject to the disease, the majority of the worst cases of this sort will, I believe, be found to occur in the male sex.

Of the mode in which hæmorrhoidal tumors are formed, many explanations have been given: I shall not stop to examine these. That they are merely the enlarged terminations of the hæmorrhoidal veins I do not believe, but that they are often highly vascular there can be no doubt: I have seen an artery of the size of a crow-quill pouring out blood from one of these tumors, and projecting it to the extent of several feet.

The above description, though perhaps not complete, will, I conceive, be sufficient to enable any person, how little soever conversant with the subject, to recognize the disease; and it now only remains with me to protest against M. Dupuytren's plan of re-

moving these tumors by excision, and to explain to what cases that mode of operating is applicable, and where it would in all probability be followed by fatal results.

In the paper to which I have alluded, it is observed that the plan of treatment advocated by the Baron (namely, excision) is not always free from danger. In a foot note, two fatal cases are alluded to as having taken place within the knowledge of the writer, and in the first case mentioned (one related by M. Dupuytren) death from hæmorrhage had nearly occurred, and was only prevented by the employment of the actual cautery; in short, had the surgeon quitted the house, the patient must have died: and yet this result can only be averted, upon such occasions, according to the Baron's statement, by thrusting a newly and neatly contrived red-hot instrument up the anus. Now the rule that I would lay down is simply this: if you wish to get rid of *internal* hæmorrhoids permanently and with safety to the patient, do not remove them by excision, for it is *never safe* to do so; and if you have to cure a patient of *external* piles, or those covered by common integument, *excise* them upon all occasions; the hæmorrhage will be trifling and perfectly under your command; whereas the application of the ligature, which is certainly and assuredly safe in the treatment of the *internal* hæmorrhoidal tumor, is fraught with mischief in the *external* pile, and should never upon any account be attempted.

It is not my intention to extend this paper by detailing the various methods that have been proposed for relieving the troublesome symptoms of this disease: my principal object was to enter my protest against the *excision of internal* hæmorrhoidal tumors, as recommended by M. Dupuytren. When the knife is used, in such cases, hæmorrhage, to a greater or less extent, is always to be apprehended. Sometimes the tumors are very vascular, containing vessels of considerable dimensions, the division of which, in a situation out of our reach, would be necessarily fatal, and has unfortunately proved so on several occasions in this country as well as in France, and the probability of the occurrence of severe hæmorrhage can never be appreciated *à priori*. It is

true that the actual cautery, if skilfully employed, may, under those circumstances, arrest the bleeding; but it may not always be easy to touch the exact spot from which the hæmorrhage proceeds—and there is certainly something revolting and frightful in the nature of the application, independently of the time that must necessarily elapse before the parts are restored to a healthy state. Now I contend that, by employing the ligature in these cases, all danger is avoided, the operation is not only safe but permanently efficacious, and, excepting the confinement of a few days, implies no risk whatever. I speak this with confidence, having performed or witnessed the performance of this operation at least fifty times, with an uniformly successful result: it only remains, therefore, to detail the method of performing it. The patient should take an aperient of castor-oil, so as to completely empty the bowels, either the evening before or on the morning of the operation. He is to be placed, during its performance, in the same position as in the operation for fistula in ano, having previously protruded the tumors by straining as if going to stool; the buttocks are then to be kept separated by an assistant, whilst the operator examines the size and number of the tumors, and observes their situation, as well as connexion with the gut, whether the base be narrow or broad, &c.

If the base be narrow a single ligature may be passed round it, and tied with considerable force; but if it be broad it will be necessary to pass a common curved needle, armed with a double ligature, through the centre of the hæmorrhoid, and tie it on each side. The ligature must not be too small, and should be drawn sufficiently tight at once. This part of the operation often produces considerable pain. When all, or at least the principal tumors have been secured in the manner directed, they are to be returned into the gut, one end of the ligature being previously cut off about an inch from the knot, and the patient put to bed. The great object is to preserve the parts at rest for three or four days, and to prevent, therefore, the chance of an evacuation by stool. For this purpose, as well as to allay the pain, which is sometimes very great, opium should be freely given; either in the solid form,

or, if that disagrees, Battley's sedative solution will usually answer the purpose extremely well. For the first day or two the patient should be restricted from taking any solid food; and, indeed, whatever he has should be in small quantities. The ligatures generally fall off in a period of from four to eight days, and except some uneasiness in passing the stools for the first week or fortnight no other inconvenience will be found to remain. If the bowels should shew no disposition to act upon the third or fourth day it may be proper to prescribe a purgative, either of castor oil or jalap. The only untoward circumstances that I have ever met with in the progress of these cases are in the male—an inability to empty the bladder, lasting for a day or two, and requiring the employment of the catheter; and in either sex a disposition to nausea, or even vomiting, which is equally transient.

I have not thought it necessary to speak of local applications after this operation, because, in general, they are of little service; the parts being returned and retained within the rectum. But when the patient complains of a troublesome burning sensation, which occasionally accompanies the destruction of the tumors, cloths dipped in the saturnine solution, or a common poultice, will afford relief.

The pain that very often attends the operation, and which endures sometimes for many hours, is likely to alarm the young practitioner. I have observed this always to be most severe when the ligature has not at first been drawn sufficiently tight. This pain is often associated, in the surgeon's mind, with the idea of active inflammation; and an erroneous practice founded upon it, such as large bleedings and other depletory measures. But this pain is not the result of active inflammation; it is unattended with pyrexial symptoms of any consequence; it appears to be the result solely of simple irritation. It is removed, or at least mitigated, by the free use of opium; and ceases altogether as soon as the death of the parts included within the ligature has been accomplished.

It is pleasing to observe the rapid improvement of the general health, and the altered appearance of the before anxious countenance, produced by the

removal of the hæmorrhoidal tumor. There is, perhaps, no case in which the benefit derived from a surgical operation is more striking or more permanent.

South Audley Street,
Oct. 17, 1828.

PERFORATION OF THE INTESTINES BY A WORM.

Port Louis, Mauritius, Nov. 13, 1827.

WILLIAM WHITTAKER, ætat. 25, of a florid complexion, stout and well made, rather short; has served two years and six months east of the Cape of Good Hope, and enjoyed good health since his arrival here. Complains of having severe pain in the epigastric region; cannot rest on either side; pulse 76; tongue is dry and furred; thirst urgent; head slightly painful; skin hot; urine high coloured. He was admitted into hospital at a late hour in the night, and had a purging draught, which has operated thrice.

Six o'clock, A.M.—Emit. sanguinis uncia triginta duo. Sumat statim, Hydrargyri Submuriatis gran. quinque. R Infus. Sennæ, Zij. Magnesiæ Sulphatis, ʒiv. M. Fiat haustus, post horas quatuor sumend.

Vespere.—The pain in the epigastric region not less; purged frequently; the blood firm, not buffed.

App. Emplast Lyttæ parti dolenti.

14th Nov.—He slept little during the night, which he attributes to the pain of the blister. His bowels continue free; stools liquid and yellow; urine high-coloured and scanty; surface hot; tongue white; thirst urgent; pain in the epigastrium rather diminished; pulse 76, full; no appetite.

Sumat mane nocteque Hydrargyri Submuriatis gr. quinque.
Infric. Cruribus bis in diē Unguent. Hydrargyri drach. dimid.

Vespere, 14th.—His bowels continue free. Evacuations liquid and yellow.

15th Nov.—Complains of pain in the epigastrium, lumbar region, and lower extremities. Slept some hours during the night. Pulse 84; skin hot; tongue furred; great thirst. Bowels are loose; stools liquid, and of a yellow colour; urine scanty.

R Pulveris Antimonialis gran. duo. Hydr. Submuriatis gran. tria. M. Cons. Rosæ, q. s. Fiat pilula sextâ quaque horâ sumenda.

Omitt. Ung. Hydrargyri heri prescript.

3 o'clock, P.M.—Reports not being purged since morning, and of having once passed a little urine. Pain felt in the hypogastric region and along the perineum. Pulse small; tongue furred.

Sumat statim Olei Ricini Unciam. Semipium quam primum.

15th, *Vespere*.—He has been purged once since taking the oil, and passed a little urine. Pain is rather less; *abdomen more full* than in the morning.

R Ætheris Nitrici, 3ij. Aquæ Ammon. Acet. 3iv. Oryzæ, Oi. M. pro potu ordinario.

16th Nov. 6 o'clock, A.M.—He complains of most distressing pain in the lower part of the abdomen. Pulse small, weak and frequent; tongue furred; thirst very urgent. Perspired much during the night. No urine discharged since last evening, or any alvine evacuation since last report.

R Infusi Sennæ 3ij.; Magnesiæ Sulphatis 3ij. M. Fiat haustus, statim sumendus.

Habeat quam primum balneum tepidum.

16th, 9 o'clock A.M.—The cathartic draught rejected, and much bilious fluid discharged from the stomach; has not been purged or passed urine since last report; the abdomen swollen and highly painful. A catheter introduced, and four ounces of dark coloured urine discharged. Remained in the bath thirty minutes.

R Opii granum unum; Hydrargyri Submuriatis gr. quinque. M. Fiat pilula, statim sumenda.

R Potassæ Supertart. 3ss.; Aquæ Oryzæ libras duas; Aquæ Ammon. Acetat. 3iv. M. pro potu ordinario.

R Magnesîæ Sulphatis 3iv.; Decocti Oryzæ 3xvj.; Olei Olivæ 3ij. M. Fiat enema, quam primum injiciend.

3 o'clock, P.M.—He has vomited constantly during the day; fluid rejected of a dark green colour; tongue is furred; thirst distressing; surface of the body covered with cold clammy perspiration. The abdomen more swollen, highly painful; and fluid perceptible on examination with the

fingers. Pulse small, frequent, and feeble. Has been purged once since last report; desire to pass urine most distressing; and at the patient's request a catheter was introduced, but the bladder contained no urine.

Repet. balneum tepidum. Injiciatur enema emolliens post balneum.

Vespere.—He has been purged thrice since last report; evacuations thin and yellow. Urine suppressed; vomiting constant. Pulse imperceptible at the wrists. The abdomen is more swollen, and fluid more extensively diffused throughout that cavity.

Died at 10 o'clock, P.M. 16th.

Sectio Cadaveris, 17th November, 10 o'clock, A.M.—The abdomen externally presented the appearance of an ascitical subject. On exposing the cavity of the abdomen the omentum was found shrunk and highly inflamed; and amongst the intestines, (between the umbilicus and pubes), a round worm, (*lumbricus teres*) near eight inches long, was discovered. Several quarts of yellow fluid were diffused through the cavity. The surface of the liver, and other abdominal viscera, were coated with coagulable lymph. The external surface of the intestines was highly inflamed, and the *intestinum ileum*, (about six inches from its union with the cæcum), had been perforated by the worm, and admitted the fluids contained in the intestinal canal to pass into the cavity of the abdomen. The opening was of a circular form, and corresponding in magnitude to the worm. The liver was not enlarged, its structure healthy; the gall-bladder filled with bile. The kidneys were much enlarged and inflamed. The urinary bladder was sound, and not any urine in it. The thoracic viscera were in a healthy state.

I was assisted in the examination of the body by Dr. M'Donald, of the Royal Artillery. The diseased portion of intestine was sent to the museum at Chatham; but I felt extreme regret that the worm had been thrown away with the fluids removed from the abdomen.

JAMES BUTLER KELL,
Surgeon, 82d Regiment.

TEST OF PRUSSIC ACID.

To the Editor of the London Medical Gazette.

SIR,

IN a paper inserted in the last number of the Edinburgh Medical Journal, Dr. Turner, professor of chemistry in the University of London, states, that considering the importance of the question, he deems it necessary to point out a mistake committed by Monsieur Lassaigne, in his essay on the mode of detecting prussic acid in the body of animals poisoned by that substance; which mistake Dr. Turner very properly thinks might mislead the medical jurist in this country. The professor, in conclusion, affirms that the proper test of prussic acid is the green vitriol of commerce, generally known under the name of sulphate of iron, and by the more modern chemists termed *proto sulphate of iron*.

On these points I beg, sir, to be permitted to make one or two short remarks.

In the year 1820, and consequently long before Messrs. Leuret and Lassaigne propounded three modes of detecting prussic acid, two of which, according to Dr. Turner's opinion, are nearly inadmissible, and the third is defective, and eight years before Dr. Turner's present announcement, that *sulphate of iron* is the proper test for discovering the presence of that acid, I published the latter fact in the second edition of my treatise on hydrocyanic acid; and supplied the medical jurists of this country with a full description of two processes for carrying on the investigation founded on *that identical fact*. Those processes were reprinted in more than one medical work in this country, as well as on the continent*. That Messrs. Leuret and Lassaigne, in their essay, should have been silent on that point, is no matter of surprise. English medical literature is seldom read in France; not often alluded to when by chance translated; and Mons. Lassaigne is not very prone to acknowledge priority of information in others. But with respect to Dr. Turner the case must be different. Had my work fallen under his notice, I feel confident that he is too just not to have stated that the

mode of detecting the presence of prussic acid, which he approves of, and holds to be the best, was most distinctly announced to the profession by myself many years since.

From Dr. Turner's silence, I am bound to conclude that, notwithstanding the complete sale of my second edition, (there being now no copy of the book extant in the trade), the knowledge of either of the processes in question has not acquired that degree of circulation which it is certainly desirable it should have. This induces me to solicit your permission to insert them in your pages—a favour I am the less scrupulous of asking, as Dr. Turner, in his paper, has only stated that green vitriol is the proper test, without detailing the mode of using it or of making the experiment. Yet it is of the utmost consequence to the medical jurist to be instructed how to proceed in the investigation of so delicate a subject; and I have reason to know from experience that, in more than one instance of legal inquiry, either of the following processes has been found perfectly efficient, and left nothing to desire from the subsequent and defective suggestions of the two French chemists mentioned in the early part of this letter.

I have the honour to be,

Your obedient servant,

A. B. GRANVILLE, M.D.

Grafton Street, Berkeley Square,
15th October, 1828.

“Instances may hereafter occur when the practitioner will be called before a tribunal to answer, from his professional knowledge, whether a particular case of death can have happened from the action of the acid under consideration, (prussic acid); and on his decision may depend the life of the accused, or the future infamy that may attach to the memory of the deceased*. It is, therefore, of the utmost importance that he should be prepared to give positive information on this highly delicate subject. We look in vain amongst the several authors who have written on the subject of prussic acid for a method of detecting its presence when mixed with any other liquid; and it is only after many experiments that I can with confidence propose the two following methods:—

* See, in particular, Dr. A. T. Thomson's London Dispensatory, 3d edition, article Prussic Acid, in the appendix.

* The public journals have since afforded many examples of such legal investigations.

“ After collecting the blood contained in the ventricles of the heart, a portion of the contents of the stomach and of the superior intestines, together with a certain quantity of any fluid which may chance to be present within the cavity of the head, chest, or abdomen; and having agitated the mixture for some time in distilled water, and filtered the liquid, (taking care to keep the whole at a low temperature), proceed to the following experiments:—

“ A. To a small quantity of the liquid add a few drops of solution of caustic potash in alcohol.

“ B. To this a few drops of a solution of *sulphate of iron* must be added, when a cloudy and reddish precipitate, of the colour of burnt terra siena, will fall down.

“ C. Some sulphuric acid is now introduced into the tube, when the colour of the precipitate will instantly change to that of a blueish green, which, by a permanent contact with the atmospheric air, becomes gradually of a beautiful blue, assuming, at the same time, a pulverulent aspect—or,

“ A. Treat the filtered liquid with carbonate of potash.

“ B. Add a solution of *sulphate of iron* with a small quantity of alum; a precipitate, as in the former method, will fall down, which, if treated by—

“ C. Free sulphuric acid will also become blue and pulverulent. During the last experiment there is a disengagement of carbonic acid gas.

“ The reader may satisfy himself of the correctness of these experiments by treating, according to either of the above methods, a small quantity of water, to which a single drop of prussic acid has been previously added, when the same results will be obtained.”—*See an Historical and Practical Treatise on Hydrocyanic Acid, &c. &c.* 2d Edition, 1820. By A. B. Granville, M.D. Page 94—97.

VACCINATION.

To the Editor of the London Medical Gazette.

SIR,

I HAVE read with much pleasure the able and, in most points, thoroughly satisfactory letters of Dr. Gregory, on the highly interesting subject of vaccination. The Doctor, from both his talents, his

zeal, and his great practical experience, is entitled to the utmost consideration, and his opinions (arrived at, as they obviously are, through a careful deduction from a multitude of facts) to our unqualified respect. Vaccination is a subject that has for some years appeared to me one calling loudly for greater care, vigilance, and scrutiny, than appears generally to be bestowed upon it. Dr. Gregory gives us a most animated picture of the unmitigated zeal for, and, generally speaking, unabated confidence in, this very vital and important security against that most loathsome pestilence the small-pox: but I can assure him that this zeal is by no means so general throughout the country; that in most parts of the island there exists a most criminal apathy, more especially in the minds of medical practitioners, and, we may fairly presume as the result, a corresponding indifference in the surrounding community.

The great number of failures that have occurred in many parts of this kingdom, more especially in the northern parts of England, I am persuaded have been mainly owing to a heedless, slovenly, and most censurable carelessness in the practice of vaccination. There is nothing more common than for the practitioner to send his young, inexperienced, and thoughtless apprentice, to puncture, scratch, wound, and irritate the arms of some scores of poor children, who, in the whole course of the process, are never seen but by this youth, who wants discrimination to detect any deviation from the natural and perfect vesicle, as well as experience and judgment to form a correct opinion of the constitutional fitness to receive the full impression of the cow-pox.

Now this is a most crying evil, and cannot be too much, too often, or too loudly deprecated. It is a practice that has occasioned much misery, and, in many instances, has been the cause of a total loss of confidence in the saving power of Dr. Jenner's discovery. It has long been my most firm conviction that the genuine cow-pock will never be promulgated universally and efficiently—that the public will never be freed from frequent and terrible visitations of the loathsome pestilence *varicella*—until the legislature shall, in their wisdom, devise some plan to obviate the present defects—some decisive measure whereby the ignorant empiric

shall be silenced, and the children of the poor throughout every corner of the island, in every hamlet, parish, and village, regularly and skilfully vaccinated by the appointment of competent persons for that important work : without some such system there can be no security. I will take four-fifths of this populous kingdom, and declare it to be my firm conviction that, for the last twelve years, vaccination has most decidedly lost ground ; that, instead of increase of zeal, you will meet with careless indifference : in lieu of that enthusiasm and humane solicitude which at first characterized the application of this wonderful discovery, you will meet with a yawning spiritless apathy, that is, indeed, deeply to be deplored, and surely calls for a prompt and decisive remedy.

Sometime ago I was so seriously impressed with the paramount necessity of legislative interference that I was emboldened to address Mr. Secretary Peel, stating to him my views on the subject. With his usual courtesy and benevolent attention to whatever concerns the weal of the public, he did me the honour immediately to reply : he expressed his conviction of serious defects in the present system—hesitated, however, to recommend legislative interference at that time, but strongly advised the frequent, nay, unceasing agitation of the question. I have from time to time, in the public papers, in districts where I perceived the carelessness to be the most criminal, endeavoured to stimulate the exertions of the medical practitioner, and reanimate the confidence of the poor, by the publication of striking cases, both of security afforded by vaccination in the midst of small-pox and failures from a wrong or imperfect mode of imparting the vaccine disease. I am sensible I have been the object of no little ridicule for my frequent and, dare say, very lame (but assuredly very anxious) attempts to excite more care and zeal on the part of my brother practitioners. Notwithstanding this, I shall continue to agitate the subject whenever I conceive it possible to afford the slightest good, remove one doubt, dissipate one difficulty, clear away one barrier, to the full and universal extension of the greatest temporal blessing ever bestowed upon mankind.

Dr. Gregory appears to believe that a vesicle with areola never does exist as a local disease, and merely as

such : now it is my opinion that this may be the case, and, indeed, that it is not very unfrequently so. I beg leave to transcribe, in illustration, a striking case of inoculated small-pox, published by the College of Physicians in 1785.

“ Last spring I inoculated two children in one family. On the third day there was a slight inflammation around the places of incision ; on the fifth day it was considerably increased, and the places felt hard upon being pressed by the finger. I saw them again on the seventh or eighth day ; and then the inflammation was much increased, extending nearly to the breadth of half-a-crown. Upon my applying a gentle pressure to the inoculated places, matter issued out of them, with which, as it issued from the arms of both patients, I perfectly saturated a cotton thread. With this thread I inoculated nineteen persons, by first making a slight incision in their arms with a clean lancet, and then applying a small piece of the cotton thread, and a plaister to retain it upon the place, as is usual. Every one of these had a fever and eruption of pustules at a proper time. But the children from whom the matter was taken did not sicken, as was expected, and on the eleventh day the inflammation upon their arms was considerably abated ; and two or three days after this there remained nothing but a dry scab. Agreeably to the general opinion of the faculty, I told the parents that their children were secure from future infection of the small-pox. They, however, insisted upon their being inoculated again, which was accordingly done in the arm of each. Contrary to my expectation, their arms began again to be inflamed, and went on in the same manner as they had done before, till about the ninth or tenth day, when they sickened, had a smart fever for three days, and then an eruption of a considerable number of variolous pustules.

“ This I aver to be true, how ill soever it may agree with any preconceived theory concerning infection ; and the ignorance of what is obviously deducible from this fact has sometimes brought a discredit upon inoculation, for I know that there have been some instances where the inoculator, from the appearances upon the arm only, has pronounced his patients safe from any future attack of the small-pox, and yet,

some years afterwards, they have taken that disease in a natural way."

Reasoning from analogy, we, I think, may safely, and not improperly, assume that if it is proven that the varicellous pustule has existed locally and purely so, that the vaccine vesicle may likewise exist as a local disease. This appears to me by no means a gratuitous, but a fair and legitimate conclusion.

I am respectfully,

R. ALDERSON.

Preston, Lancashire, 2d Oct. 1828.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Elements of Chemistry. BY ANDREW FYFE, M.D. F.R.S.E. Fellow of the Royal College of Surgeons, &c. &c. 8vo. 1828.

THE daily and rapid progress of chemistry, and the continual succession of new facts and of discoveries, which alter the face of the science, render it absolutely necessary that the elementary works to be put into the hands of beginners should be such as include every addition or alteration made by the numerous votaries of this interesting branch of study. Unless this be the case the student is often at a loss to follow his teacher, and to compare the lectures he hears with his text book. The standard works on this subject have been, in consequence of this necessity, subjected to important modifications in each successive edition. But this method of keeping pace with the progress of science has many disadvantages. The author is often unwilling to make changes in his arrangement to the extent which is required; and hence, notes and appendices are multiplied, to the manifest injury of the work, as far as simplicity and clearness of arrangement are concerned. It is, therefore, with pleasure that we see, from time to time, new works appear, especially when they are the production of teachers of experience. Within the last two years we have had the *Elements of Chemistry*, by Dr. Turner, and the present work by Dr. Fyfe, both of them well qualified for the task. Dr.

Fyfe has long been known as a successful teacher in Edinburgh, and as the author of several scientific memoirs; and our expectations, arising from these circumstances, have not been disappointed on perusal. The work is distinguished by clearness and conciseness of expression, and will, we have no doubt, be ranked among the very best elementary treatises we possess. The arrangement is in substance that which has been so long and so successfully followed by Dr. Hope, professor of chemistry in the University of Edinburgh; and the work is hence admirably adapted to serve as a text book for those who study under that justly celebrated teacher.

"With respect to the classification of inorganic productions, I am aware that that which I have adopted is not without its defects, but this is equally applicable to all the others yet recommended. It possesses one great advantage, however—that of bringing together substances, the properties of which are similar, and in which I conceive the electro-chemical arrangement is so deficient. What bodies, for instance, are more dissimilar in their habitudes of action, than oxygen and chlorine? yet being considered electro-negatives, they are, according to this arrangement, treated of together; while chlorine is separated from sulphur and others, to which it bears, in many respects, a strong resemblance, particularly in forming compounds the qualities of which are alike."

We do not consider, with Dr. Fyfe, the analogy between chlorine and sulphur stronger than that between chlorine and oxygen; and it appears to us that in a doubtful case, the fact that chlorine is, like oxygen, negatively electric in its combinations, might have decided its place in the system.

"In the arrangement I have adopted," continues the author, "inorganic bodies are divided into acidifying and alkalifying principles*, acidifiable and alkalifiable substances, acids, alkalies, and compound salts. Acidifiable bodies are divided into simple and compound."

The "acidifying and alkalifying" principles of Dr. Fyfe are oxygen and hydrogen. Here we see, contrary to Dr. Fyfe's principle, two very dissimilar

* The term *alkali* is here used in its most extended signification, a *salifiable base*.

substances classed together; the one, the usual supporter of combustion; the other, an inflammable body. The use of the terms acidifying and acidifiable, &c. appears, moreover, objectionable as a principle of arrangement, because acidity and alkalinity are merely the results of chemical action; and may, with equal propriety, be ascribed to either of the bodies whose combustion produces an acid or an alkali. It is, however, much easier to find fault with a chemical arrangement than to propose a better; and we know of none to which objections equally strong might not be urged.

In an elementary work on chemistry, the great object should be to impress on the mind of the student the general principles of the science, and to enlarge only on such facts and experiments as are of use in proving the truth of those principles. We see, with pleasure, that this object is carefully pursued in the work before us. The important subjects of caloric, electricity, galvanism, and above all, chemical attraction, and the doctrine of combination in definite properties, are treated with perspicuity and elegance. Take, for example, the following passage on the doctrine last mentioned.

“With respect to the second rule, that the proportions of the ingredients in the different compounds are multiples of that in the first, there are certainly instances in which it does not seem to hold true; but even these, if viewed in a certain light, may be considered in favour of the doctrine of proportions. Thus, there are two compounds of iron and oxygen, the first containing 100 of iron and 28.5 of oxygen, and the second 100 to 42.6; now the oxygen in the latter is not a multiple of that in the former. A few other instances of a similar nature occur, but in that given, and in the others, the fractional part is always a half, so that still the exception seems connected with the general law, and the difficulty is easily got over. Thus, we are not certain that, in these cases, we have got the compound in which the ingredients are united in smallest proportions. If, therefore, we suppose that there is one with a smaller quantity of what we assume as the variable ingredient, the case becomes no longer an exception. Thus, in the instance quoted, there may be a compound of 100 iron to 14.2 of oxygen,

and if so, the oxygen in the two others are multiples of that in the first. This mode of reasoning we are warranted in adopting, first, because, as has been already mentioned, the fractional part is always a half; had it been variable, we could not have concluded in what proportion this ingredient might have existed: but, secondly, it has actually been shewn that some of those cases, which appeared to be exceptions, are no longer so, compounds having been found in which the ingredient in smallest proportion is just what it was supposed it should be, so as to make it in the others multiples of that in the first. Thus, till lately, only two compounds of sulphur and oxygen were known, the one 100 to 100, the other 100 to 150, being apparently an exception to the general law; but it was inferred that another existed, containing 100 to 50. This has now been discovered, so that the oxygen in the two long known are multiples of that in the last. For the same reasons it is expected, that in all those instances in which the doctrine of multiples does not apparently hold true, there will be hereafter discovered compounds containing a smaller proportion of the variable ingredient.”

The departments of vegetable and animal chemistry, which every day acquire new importance, especially in regard to medicine, are considered with the due degree of attention, and the sections on mineral waters, and the detection of poisons, are accurate and well-digested.

On the whole, we consider the present work as one calculated to be extremely useful to those commencing the study of chemistry, and highly creditable to the talents of its author.

REGULATIONS OF THE COURT OF EXAMINERS OF THE SOCIETY OF APOTHECARIES.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IN answer to your correspondent who signs himself “An Inquirer,” I request you will be good enough to insert in the next Number of the Gazette the following explanation of the regulations of 1826, 7, and 8.

All medical students who commenced their attendance on lectures prior to the 1st of February, 1828, will be admitted to be examined agreeably to the regulations of 1826—viz. after an attendance on one course of lectures on chemistry; one course of lectures on materia-medica; two courses of lectures on anatomy and physiology; two courses of lectures on the theory and practice of medicine; and six months physician's practice at an hospital, or nine months at a dispensary.

Those who *began* to attend lectures subsequently to the 1st of February, 1828, and previously to the present month, will be expected to comply with the regulations of 1827, and will only be admitted to be examined after the following course of study—viz. an attendance on one course of lectures on chemistry; one course of lectures on materia-medica and medical botany; two courses of lectures on anatomy and physiology; two courses of lectures on the theory and practice of medicine;—these last to be attended subsequently to the lectures on chemistry and materia-medica, and to one course, at least, of anatomy—and six months, at least, physician's practice at a hospital, or nine months at a dispensary: such attendance to commence subsequently to the termination of the first course of lectures on the principles and practice of medicine.

Those students whose attendance on lectures commenced in the present month, will be required to observe the regulations of 1828—viz. to attend two courses of lectures on chemistry; two courses of lectures on materia-medica and botany; two courses of lectures on anatomy and physiology; two courses of anatomical demonstrations; two courses of lectures on the theory and practice of medicine;—these last to be attended subsequently to one course of lectures on chemistry, materia-medica, and anatomy; and six months, at least, physician's practice at a hospital, or nine months at a dispensary; such attendance to commence subsequently to the termination of the first course of lectures on the principles and practice of medicine.

But all students who shall *commence* their attendance on lectures at the second course of the present winter session (namely, in January 1829), will be required to attend the physician's

practice at a hospital for *nine* months, or at a dispensary for *twelve* months.

I have the honour to be,
Gentlemen,

Your obedient servant,

JOHN WATSON,

Secretary to the Court of
Examiners.

Apothecaries' Hall, Oct. 16, 1828.

MEDICAL GAZETTE.

Saturday, October 25, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

PROFESSIONAL IMPROVEMENT.

Regulations of the Apothecaries' Company.

THE last twenty years have been replete with wonders: the advances made in every department of knowledge have been so great as to force themselves on the notice of the most careless observer. The application of steam to navigation and manufactures on the one hand, and the miracles of modern chemistry on the other, may be looked upon as the triumphs of art and science. Within the period we have specified the human mind appears to have received an impetus which is felt in every relation of life, and which has operated, and still continues to operate, the most important changes in the whole frame of society.

Probably there is no department in which the impulse of improvement has been more extensively felt, or more generally acted upon, than in our profession. No physician can now rely upon his academical education alone, or upon his acquaintance with the learned lore of antiquity, for his knowledge of the healing art, as practised in modern times; no surgeon trust for success in life to mere manual dexte-

rity; no general practitioner can now venture to be the thing an apothecary was—a mere culler of simples and vender of draughts.

The improvement among the individuals composing both the physicians and surgeons of this country has unquestionably been great within the last few years; but a still more striking change has taken place with regard to the apothecary; indeed, so thoroughly are the present race ashamed of their predecessors that they seem anxious to discard the very name, and to substitute the term *general practitioner*. The name is of little moment, but the class of men is so different that we do not wonder they should be desirous of separating themselves, in public estimation, from the apothecary of the last century.

This improvement has been owing to various causes, some of a general and others of a particular nature; but among these we cannot omit the effect of the Peace, which by opening the treasures of continental literature, so long withheld from us, and by making us acquainted with many wholesome and important regulations established abroad with regard to professional education, speedily produced among ourselves a spirit of honorable emulation, which has led to the happiest results.

Nor would it be just, as regards the rising generation of general practitioners, to overlook the establishment, about the same period, of the Court of Examiners of the Apothecaries' Company; a body, whom it has been the fashion with some to censure apparently for no other purpose than to foster the feelings of jealousy with which men holding places of emolument and trust are always viewed by those who are not so fortunately situated.

That the Apothecaries' Company is the best institution of the kind which it might be possible to frame, we are far from asserting; we know none of our corporate

bodies which are; but this we know, that before the act of 1815 the professional education which individuals should pass through before they commenced practice as apothecaries, was left to their own judgment or conscience; and these, it is well known, were but poor guarantees for the safety of their patients. The consequence was, that they were for the most part a set of ill-educated and ignorant men, who reflected discredit on medicine as a profession. But the Apothecaries' Company have required an education, the standard of which they have been gradually raising, until it now constitutes an excellent course of general medical instruction. Their recent regulations are also superior to those originally laid down by them, inasmuch as they require that the pupil shall pursue his studies in a certain order: for example, he is not allowed to attend the practice of medicine before he has gone through certain other courses; an arrangement altogether proper, since the nature and treatment of disease cannot be understood without a previous knowledge of particular organs and structures, as well as of the various agents we employ to effect the necessary changes upon them.

Much has been said about examinations alone constituting the test of knowledge; and we are decidedly of opinion that there is room for improvement in the manner in which these are generally conducted in this country:—here, too, our continental neighbours furnish us with some examples worthy of imitation. But, conducted as efficiently as possible, they cannot be so perfect as to form an absolute measure of scientific knowledge, much less of practical skill; and the public are best protected against the evils of ignorance by the combination of a preliminary education, such as ought to send the pupil forth into the world fully qua-

lified for the duties he undertakes, with an examination sufficiently rigid to ascertain whether his time has been properly employed. We think the Apothecaries in a great measure combine these, because the former is shewn by their regulations, and as to the latter, we know, and all medical pupils ought to know it also, that they have rejected a very large proportion of those who have come before them; thus proving their determination to insist on more than the mere production of the requisite testimonials. One of the principal sources of these rejections has been a defective knowledge of Latin; and it behoves the parents and guardians of medical students to direct their attention at an early period of their education to this subject.

For the information of those whom it may interest, we gave, in a former number, the regulations which have recently been issued. In this Gazette will be found a letter from Mr. Watson, explanatory of some points which were not well understood. We perceive that two additional courses are required—viz. one of *materia medica* and one of *chemistry*, making it necessary for the pupil to attend *two courses of lectures on each of these subjects*. Pupils are also hereafter required to attend medical practice at an hospital for *nine* months, or at a dispensary for *twelve*. There is some awkwardness in this arrangement, as we believe that at present pupils are not admitted to the medical practice of an hospital except for six months—a year, or some longer period; so that the pupils wishing to attend medical practice at an hospital will be put to some inconvenience, unless either they take out their tickets for a year, or the physicians make a specific regulation to suit that of the Apothecaries' Company. It is also specified to come within the limit of these regulations that *the Hospital must contain not less than sixty beds*—a circumstance

which it is of great importance for pupils to be aware of, as it excludes some of those certificates which have been *advertised as admissible*.

One word to the Court of Examiners and we have done. This Journal professes to be perfectly independent in its politics with regard to all the corporate bodies, and assuredly the gentlemen at Blackfriars have had no cause to complain of us; but let them be careful how they alter their regulations without very sufficient grounds. Such things have been done elsewhere, and with an appearance of vacillation that has not tended to raise the character of the body alluded to in public estimation. The Apothecaries have apparently been feeling their way, and it is probable they could not at once have determined, with sufficient precision, the course of education most suited to those whom the legislature has placed under their jurisdiction. Sufficient time, however, may now be considered as having elapsed for this purpose, and we trust it will be long ere we have again to notice any change in their regulations.

EPIDEMIC PREVAILING IN PARIS.

WE learn from Paris that a singular disease at present prevails in some parts of the French capital. The patients are seized with loss of appetite, nausea, vomiting, and colic; sometimes with constipation, and at others with diarrhoea. There is difficulty of moving, from weakness of the hands and feet. Sometimes these are affected with violent pain, and the skin covering the palms of the hands and soles of the feet becomes thickened, so that the patient, in touching any thing, feels it as through a glove. Frequently a layer of the thickened epidermis is thrown off, and in some cases the skin has been observed to become perceptibly blackened. Many persons so affected have fallen under the care of Dr. Chomel, at his hos-

pital (La Charité), and they appear to come principally from the neighbourhood of La Rue des Petits Augustins. In one instance, the skin of the hands and feet exfoliated three successive times. A commission has been appointed to make the necessary enquiries concerning this disease.

ON THE CURE OF CONSUMPTION.

NO. III.

THE first paper of this series has shewn that, with what confidence soever well-meaning friends may support the quacks of *to-day*, their pretensions cannot go forth to the world with higher authority than has been awarded to the quacks of former times; for one of them published, in attestation of his skill and success, a list of names unequalled in the number, the rank, and the scientific attainments of the subscribers. As the skill and success of the empiric thus highly recommended have been proved to be entirely imaginary, let us be taught to receive with caution the assertions of all who, in future, pretend to be curers of consumption: and let our caution be the greater when we discover that the alleged cures are effected under an *oath of secrecy*—by means which the empiric *dares not* avow.

I have already drawn a distinction between the honest physician, who thinks he has made a valuable discovery in medicine, and the charlatan, who means only to enrich himself by his pretended remedies. The first openly states all that he knows and all that he thinks about his method of cure, and courts the fullest investigation into its merits;—the other strives as much as possible to involve it in mystery; upon the principle that *omne ignotum pro magnifico est*. He affects to be secret, obscure, and impenetrable; well assured that, by so doing, he shall excite the admiration of the ignorant and credulous.

But there are other lines of distinction to be drawn between the two. Each medicine or mode of treatment may be beneficial in some state or condition of the malady, or may be appropriate to one or more of its ever-varying symptoms. The publicity given to the remedy enables the medical faculty soon to learn when and how most ad-

vantageously to apply it. Thus bleeding, ipecacuan, digitalis, opium, uva ursi, myrrh, bark, steel, &c. are continually employed to meet and to mitigate the protean symptoms of phthisis: but the charlatan, in all states and conditions of the disease, applies the same remedy, and must of necessity frequently employ it with most injurious and calamitous effects. Were a true record kept of all the cases in which these nostrums are given, the world would learn with surprise how few are the cures, how numerous are the failures; but while every *supposed* or *fabricated* cure is trumpeted forth through every possible channel, the silent grave closes over the many deluded victims, and in the same grave sleeps the memory of their sufferings.

Again, if the medicine should produce any new symptoms or unexpected effect, or in any respect should disagree, the physician can judge whether such new symptom or effect is to be encouraged or restrained, and can apply means to correct what disagrees or does harm. The charlatan has only one remedy; if that fails he can employ no other—if that does mischief, it must continue to do so; he has no other resource. The eldest daughter of a very respectable gentleman was in the last stage of consumption: he was induced, as many others were, to apply for advice to the proprietor of a pretended specific, and *of course* was strongly advised to use the remedy, with many promises of probable success. The medicine was purchased, and given according to the directions. It appeared to disagree. The gentleman called upon the advertiser and stated this fact; he was told that it was not unusual to appear at first to disagree, but if persisted in much benefit might still be expected. It was persisted in, but the sufferings of the patient became so excessive that the father went again to the doctor, begging that he would prescribe something to remove these distressing effects of the medicine. Unfortunately, the doctor knew nothing of any medicine but his own; he could suggest no means of relief; and the indignant father was indebted to a neighbouring physician for that temporary alleviation of his daughter's sufferings which were only permanently to be cured by death.

It is a question very commonly asked, with reference to these pretended in-

ventors of new modes of curing intractable diseases, "How can you expect that a person who has made so grand and valuable a discovery will consent to deprive himself of the pecuniary emoluments which ought to attach to those who do so much good to their fellow creatures?"

This question must be answered by asking another:—"Is there an instance upon record, in which the discoverer of any thing *really* grand, or valuable, or useful in medicine, has deprived himself of fame or emolument by making his discovery public?"

The illustrious JENNER exulted in imparting to the whole race of mankind the great discovery which he had made; and no sooner was his alleged discovery proved to be true than his cha-

racter was raised to a height which few can expect to equal: he was courted, admired, loved by the great, the wise, and the good; he was largely rewarded by a pecuniary grant from the parliament; and, that his fame may last for ages, monuments since his death have, by his grateful country, been erected to his memory.

One reason only can be assigned why the projectors of new cures for diseases proceed in direct opposition to the praiseworthy conduct of Jenner:—they *know* that their methods of cure will not bear the light; they *know* that they shall neither get fame nor get money, by making the remedy public; and therefore, and for no other reason, they keep it concealed.

ΙΑΠΑΝΘΡΩΠΙΟΣ.

AUTHENTICITY OF HOSPITAL REPORTS.

WE last week received the following note, preceded by a transcript of the accounts of the postmortem examination in the case of James Parker, from the Gazette and Lancet of Oct. 4th:—

To the Editor of the London Medical Gazette.

A constant reader suggests the perusal of the foregoing statements of the *same* case; and requests to know of the Editor which report the profession are to rely upon.

The difference of opinion to be formed upon each report is too obvious to require comment; it is *essential*, however, to the cause of science, that accurate information is imparted on points of such vital importance as *morbid anatomy*.

Oct. 7th, 1828.

We agree entirely with our correspondent in the importance which he attaches to such points. In fact, incor-

rect reports are worse than useless; for, instead of instructing, they serve only to mislead. We do not blame the Lancet, on this occasion, for any intentional misrepresentation; but it is the misfortune of that Journal that its hospital reports must be obtained by stealth, as no one is so foolhardy as to avow himself the author of them. Owing to this circumstance it is, that the reporter is afraid to make any particular inquiry concerning the symptoms during life, or to shew any anxiety to ascertain the exact appearances after death, lest his motive should be suspected. The effects of this are strikingly illustrated in the following case, concerning which we have made particular inquiry and appeal to Dr. Hewett, Dr. James Johnson, Mr. Brodie, Mr. Palmer, the house-surgeons of the hospital, and numerous pupils, who were present at the dissection, in confirmation of the accuracy of *our* statement, and, consequently, of the total want of that quality in the report of the Lancet.

EXTRACT FROM THE GAZETTE.

Postmortem examination of James Parker,
Sept. 2, 1828.

State of the dura mater.

"On raising the skull-cap, the dura mater was found to be perfectly sound at the part where the trephine had been applied. In the direction of the spine and transverse ridge of the occipital bone, where the frac-

EXTRACT FROM THE LANCET.

Postmortem examination of James Parker,
Sept. 2, 1828.

State of the dura mater.

"The dura mater was thickened, and MATTER formed on the surface of the brain, and also between the bone and dura mater."

ture, as will be presently shewn, had extended, a thin layer of blood was effused on the membrane, which was greatly inflamed, indeed actually sloughy."

The fracture.

"The fracture extended from the spot where it was first discovered round the occipital bone, across the left branch of the lambdoid suture, obliquely over the petrous part of the left temporal bone, between the sella turcica and cuneiform process of the occipital bone; then over the right petrous portion to the place from which we started, completing the circle, literally breaking off the back part of the head."

Other viscera.

"Numerous and large depositions of lymph and pus existed in the liver, the texture of the viscus around being perceptibly engorged and inflamed. Similar appearances were discovered in the right lung, none in the left.

"The spleen and other viscera were healthy; the urine was bilious."

On the preceding details comment would be superfluous. The sins of omission on the part of the reporter of the *Lancet* are not less conspicuous than those of commission. We cannot, in general, devote space or time to

The fracture.

"It was found that the fracture extended to the left side of the head, as far as the petrous portion of the temporal bone."

Other viscera.

"The thoracic and abdominal viscera were healthy."

point out the inaccuracies in the reports of our contemporary; but, in this instance, we have thought it necessary to do so, as our own correctness might otherwise have been questioned by our correspondent.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

HENRY ROSE, the man with compound fracture, whose case we detailed in our last number, died at one o'clock on the morning of the 16th. Little alteration was noticed in the symptoms during the last few days of life; the pain in the right side remaining unabated, and gradually extending across the epigastrium to the left, where he felt a good deal on a full inspiration; the peculiar delirium never deserting him; and, finally, the leg assuming daily a worse condition. Latterly the teeth became incrustated, and a film overspread the corneæ of the eyes; yet still he asserted that he was better—that he was well; a marked characteristic of the hallucination or delirium attending the formation of purulent depôts in the thoracic or abdominal viscera.

On dissection, which took place twelve hours after death, the following appearances were noted. The leg was in a dreadful condition, the parts about the fracture being putrid, and gan-

grenous; the cellular membrane beneath the skin, and between the muscles, almost universally disorganized. On the inside and outside of the thigh, where Mr. Brodie had employed the scarifications, the subcutaneous and subfascial cellular tissue had completely recovered itself, and illustrated well the value of incisions when early employed. At the back of the thigh the cellular texture was in a very bad state; and the skin and integuments could be separated, without the least dissection, from the deeper-seated parts, from the heel to a third, or even two-thirds, up the thigh! The femoral vessels were perfectly healthy.

Much curiosity was excited as to the actual condition of the viscera of the thorax and abdomen, as purulent deposits in the liver or the lungs had been fully expected for nearly a week before death. The abdomen was opened, and the liver discovered to be as healthy as a liver could be. It was sliced in all possible ways, but not a single abscess or speck of disease could be detected. The gall-bladder was remarkably pale and contracted, and contained some

curious matter, which had more the appearance of fluid honey than bile. On exposing the cavity of the chest, marks of recent pleuritic inflammation were found in both sides, especially below. Towards the upper part of the middle lobe of the right lung was a small deposition of lymph; but the rest of that lung was sound. At the lower margin of the left lung there were several larger depôts, the contents of which were almost analogous in appearance to the sloughs in the leg; at any rate the depositions of lymph were infinitely darker and more dirty than usual. The head was not examined.

It is curious that so little disease was found in the side to which the principal pain was referred; whilst the other, which was little complained of, bore the onus of the mischief. Could the pain in the right side be owing to the pleural inflammation, and not to the solitary abscess in the lung? We are disposed to think so, both on account of its character and site.

Closure of the Vagina after difficult Labour—Operation.

Ann Smith, 26 years of age, was admitted on the 3d of September last with stricture of the vagina, succeeding protracted parturition. On examination it was found that an aperture existed, barely admitting the smallest bougie, and apparently owing to a very large cicatrix, the contraction of which had narrowed the opening. From this small opening there issued much discharge, of brownish colour and offensive odour. The urethra had become so widely dilated as readily to allow the little finger to pass into the bladder. She stated, that two years before her admission, being some months gone with child, she was suddenly taken in labour, which lasted two days and a night; after which it was discovered that a portion of the vaginal membrane protruded through the os externum, and in the course of a few days it sloughed away. Peering down pains were felt for some time, and the urine occasionally came away in a very large stream.

The bowels having previously been emptied by aperients and an enema, Mr. Keate, on the 11th, divided the stricture by means of the bistoure cachée, the incisions being carried upwards towards the arch of the pubes.

The fore-finger was then introduced into the opening, and the os uteri found unaffected. The discharge on breaking down the barrier of membrane was horribly fœtid.

Three hours after the operation the patient experienced a rigor. The vagina was then syringed out; two or three coagula removed; a piece of oiled lint introduced; and five grains of calomel ordered immediately, followed soon afterwards by a dose of castor oil. Salines, with the sulphate of magnesia, every six hours.

From this time no febrile affection, or other constitutional disturbance was experienced, an occasional purgative only being needed. On the 17th the discharge was become purulent and healthy; and on the 22d, a bougie, three quarters of an inch in diameter, was introduced into the vagina, after which she commenced the use of the dilator. A little pyrexia and head-ache took place on the 2d of the present month, but were readily removed by salines, with antimony and a senna draught. On the 5th, when we saw her, she was well enough in health, and could bear the introduction of a good-sized uterus-bougie into the vagina.

Operations.

On Thursday, the 16th, the operation of trephining was performed by Mr. Brodie in consequence of symptoms following an injury inflicted many months before. Some coagulable lymph was found upon the dura mater. As the case is important we shall take an early opportunity of detailing it, as soon as the result of the operation is known.

A patient is at present in the hospital with a very large tumor, thought to be osteo-sarcoma on the dorsum of the scapula. We believe it is not yet definitively settled whether any operation will be attempted. The patient was lately in Bartholomew's hospital.

The child from whom Mr. Brodie removed a calculus is well.

ST. BARTHOLOMEW'S HOSPITAL.

JOHN SMITH, the man who had the radial and ulnar arteries tied last Saturday week, by Mr. Lawrence, is going on very well. On the 19th, when the nurse was about to put on a warm poultice to the wound, it suddenly burst

out bleeding on the radial side of the wound, but after about three ounces of blood had come away it as suddenly stopped; the blood was venous, so that there was nothing to fear. The ligatures have not come away, but the wound is looking quite healthy.

Ordered to apply a cold bread-and-water poultice to the wound, and to keep in bed.

Extravasation of Blood over the Left Trochanter Major.

Oct. 6th.—J. Miam Denyer, æt. 50, about three weeks ago was walking along one of the roads in the neighbourhood of the metropolis, when a cart, passing by him rather swiftly, struck his left side, threw him down, and the wheel went over his left thigh bone, near the trochanter major. He was soon aware that there was no bone broken; and save a considerable pain in the part he did not feel any inconvenience, and continued upon his legs as usual. After ten days had gone by, he observed that the blue appearance of the limb, which generally marks a bruise, had disappeared, and that in its place there was a large fluctuating swelling, about the size of the section of a large cocoa nut, occupying the place of the bruise. It was not painful, so that he did nothing for it, though it seemed to increase in size almost daily. A week after he had observed it, it had increased about one-third; and he now presented himself for admission at the hospital. He was ordered to keep the limb motionless in bed, and to apply a cold goulard wash to the swelling constantly. With this treatment the swelling began to decrease, so that on the 16th it was not more than one-third its original size, and none of the fluctuation could be perceived; and on the 20th the swelling had very nearly disappeared. The thigh is not so shapely as it ought to be, perhaps; but there is no swelling—no pain; and he can use the limb very well.

MIDDLESEX HOSPITAL.

Case of Trismus, conjoined with Paralysis of the Face.

THOMAS JONES, æt. 29, a groom, was admitted under Mr. Bell's care, October 11th: he complained of a painful stiffness in his jaws, and the muscles of one side

of his face were paralysed. He stated that, on the last day of September, while dressing his horse, it struck him with the fore-foot upon the right side of his head, and knocked him down. He remained insensible for some time. When he returned to consciousness he felt weak, and a little sick. There was a wound, as if made by the heel of the shoe, just over the external angular process of the frontal bone. Nothing however was done for him, and he lived as usual. It was mentioned by his master that he was much given to drinking, and that at one time his head and hand trembled from the effects of it like an old person's. On the fourth day after the accident he first perceived that his face was twisted to one side; he then had also some difficulty in speaking and swallowing. It was not till the 6th Oct. that he consulted a medical man, who recommended him to come to the hospital.

The face is twisted to the left side, as in the cases of partial paralysis from injury to the portio dura of the seventh pair of nerves; and this distortion of the face is most observable when he speaks. Upon being asked to close his eyes, the left is shut, but the eyelids of the right side are very imperfectly closed, and in the attempt the cornea is turned up. The feeling on the right side of the face is as perfect as on the left. It cannot be perceived how far the motion of the tongue is impeded, as he cannot open his mouth freely: he is apt to bite both his tongue and cheek while eating. The wound on the side of the orbit resembles a mere scratch, nearly healed. There was no bleeding from the ear after the accident, and he hears perfectly with both ears. There is a fulness and rigidity about the masseter muscle on the right side, and Mr. Bell thought there was a preternatural swelling before the right ear.

Hirudines, xii. ante aurem.

Pil. Colocynth. cum Calomel. gr. x. statim,
et mane haustus purgans. Lotio Plumbi
Acet. cum opio ad partem dolentem.

11th Oct.—The house surgeon was called in the morning to this patient, as it was reported he was seized with a fit. He found him struggling like one who is suffocated. He seemed to labour from a difficulty of expectoration; his jaws were firmly clenched; his face was livid; the muscles on the right side

were relaxed and drawn to the left side; those of the neck were rigid, and in strong action. It required the power of two men to restrain him in bed. Two drachms of the tincture of opium were administered in small quantities between his teeth, after which the fit left him. He was quite sensible during it, and called it an attack of the cramp. To-day his jaws are more firmly closed. He complains of a pain at the back of his neck, as if something were dragging or pinching him there. His bowels have been opened. Pulse 110, and firm.

Cucurb. cruent. occipiti.
Hydrarg. submur. gr. x.
Tinctura Opii, 3ss. 3tiis horis.

12th Oct.—The patient to-day was visited by Drs. Latham, Watson, and Hawkins. The teeth are more closed. The attempt to swallow brings on violent convulsions in his throat and chest; he refuses to take any drink, and he has not taken his medicines, from the fear of bringing on these attacks. The suffering of which he complains most is from the phlegm in his throat, which makes him cough, and he throws out his saliva as in hydrophobia. During the paroxysms he starts up in bed; and we find him now sitting on the side of it, unwilling to lie down, as he is afraid of a recurrence of the fits.

Capiat Hydrarg. Submur. gr. x.
Enema Opii.
Cucurb. Cruent. nuchæ ad 3x.
Descendat in baln. calid.
Cataplasma cum Lotione Plumb. Acet.
cum Opio ad vulnus.
R Extract. Tabaci. Unguent. Hydrarg.
part. æqual. fiat Unguentum. This
ointment to be rubbed upon the neck
and jaws.

13th —Yesterday he was put into the warm-bath, which was followed by a copious perspiration, and he expressed himself relieved by it. The fits attacked him four or five times during the day, and they continued about five minutes each time. He was unable to speak during them. His head was thrown back and his chin tilted up, but not so much as to be called opisthotonos. He has never complained of spasms in his epigastrium. He possessed a perfect command over his arms, legs, and head; but he had convulsive twitchings as he

lay in bed. About seven in the evening his jaw began to be relaxed, but this was accompanied with evident symptoms of approaching dissolution. He sunk gradually, after having had several severe fits, and died this morning at ten o'clock.

Dissection, 24 hours after death.—The features were distorted, as during life. The right eye was wide open, while the left was shut. The cicatrix on the side of the head was examined, but nothing appeared to indicate any morbid condition of the parts in its neighbourhood; the skin only seemed to have been divided. The fibres of the orbicularis palpebrarum, which were under the cicatrix, seemed natural, and the bone was not injured. The parotid gland was in a healthy condition. When the branches of the supra orbital nerve and those of the portio dura were minutely traced towards the wound nothing remarkable could be observed in them. There was a small gland, not bigger than a field bean, imbedded in the substance of the parotid gland, and lying in contact with the portio-dura, which, when cut into, was found to contain a little purulent matter, but the nerve was not adherent to it, and did not seem altered in its structure. When the brain was examined, the tunica arachnoidea was found slightly opaque, and the veins were more turgid with blood than natural. There was also some serum in the ventricles, but in other respects, on a close examination of this organ, and of the nerves coming from it, the appearances were perfectly healthy. The roots of the fifth pair of nerves, and the course of the portio dura through the temporal bone, on the right side, were carefully examined, without detecting any alteration from their natural structure. The spinal marrow seemed healthy. The nerves of the sympathetic system (in the abdomen and the chest) were examined, without discovering any thing preternatural. The viscera, both of the thorax and abdomen, were in a healthy state, and the lungs were not more gorged with blood than is common. The glandulæ truncatæ at the root of the tongue were enlarged, but there was no redness marking inflammation either in the fauces, or larynx, or œsophagus.

Mr. Bell, in his observations on this

case, first remarked its resemblance to some cases of partial paralysis of the face, in which he had been consulted during the present season. He admitted that the incapacity of closing the eye, and the total loss of motion of the lips and cheek on one side, deceived him when he first saw this patient in the waiting-room. The anomaly of the case was, that on the side where the hurt had been received, the exterior muscles of the face, all those influenced by the portio dura were in a state of paralysis; whilst the muscles of the jaws, supplied by the fifth pair, were in a state of tetanic spasm. Mr. Bell related a case of paralysis of the muscles of the face on one side, produced by a blow upon the head; but he added, that, in the present case, on looking retrospectively, there was no reason to suppose the symptoms referrible to an injury of the brain, much less to an injury of the nerve passing through the bone: it was, he conceived, a case of trismus, arising from the slight bruise of the integuments of the temple operating upon a constitution morbidly predisposed. The only peculiarity was the partial paralysis: he could not charge his memory, at that time, with another case where this symptom was combined with trismus.

ST. THOMAS'S HOSPITAL.

Artificial Nose.

On Friday, October 17th, Mr. Green performed the operation for a new nose, in the way first practised in India, and since adopted in France and in this country. A portion of integument, of a proper form and size, was detached from the centre of the forehead, except between the eye-brows, where an isthmus, of half an inch in breadth, was left; and being twisted round was fixed by sutures in a groove previously prepared for it on the face. All the steps of the operation, which was long and tedious, from the number of minute points to be attended to, together with the after treatment, will be given in a future number, when the case shall have terminated. At present, (Oct. 22d), the result of the operation is somewhat doubtful, as very little adhesion has taken place on one side; but as the

portion of integument has complete vitality, there is great reason to hope that it may become firmly fixed, if not by adhesion at least by granulation.

GUY'S HOSPITAL.

Scirrhus of the Human Male Breast.

THE subject of this disease is a man, aged 30, unmarried, of a delicate and soft skin, and of rather feminine aspect and manner.

Five years since he received a blow on the right nipple; and a few months after a small moveable tumor, not larger than a marble, was perceived on the spot. It was soft, and pressure gave him no pain; and, in consequence, he frequently handled and pressed it. Twice or three times he says that he forced a few drops of a white fluid, a little thicker than milk, from the nipple. By degrees the tumor became larger, but continued soft until about two years since, when he perceived it to become hard. From this time he had frequent blows upon it, and it continued to enlarge slowly, with frequent "shooting" and "darting" pains.

Five months since, two small nipple-like prominences appeared, and the skin over them became discoloured, as if about to ulcerate. When he was admitted, the whole tumor was as large as a small fist, and was hard and irregular. The day after his admission (Oct. 14th) Mr. Cooper extirpated it in the usual manner. The patient shewed a great want of fortitude when under the knife.

The tumor was examined afterwards. A body as large as a walnut, having the appearance and feel of true scirrhus, viz. fibrous lines radiating from the centre and cartilaginous hardness, formed the nucleus, and was surrounded by condensed cellular membrane.

It may be remarked that the patient had a womanly disease, a womanly aspect, and a womanly spirit. He has, however, a strong beard, and confesses to no want of sexual power.

We related a somewhat similar case in a late Number of the Gazette, which occurred in Paris.

EXTRACTS FROM JOURNALS,

*Foreign and Domestic.*CANCER OF THE RECTUM—NEW
METHOD OF OPERATING.

M. LISFRANC having had occasion to treat several cases of this kind, which appeared to involve the whole thickness of the parietes of the gut, and which, however, only involved its internal membrane, though sometimes to the depth of a third or half an inch, attempted to extirpate them by seizing the little tumors with the forceps; but the whole of the tissues not having been removed, the disease returned, and the patients died even more rapidly than they otherwise would; it was therefore desirable to devise a method of discovering and destroying the whole of the diseased parts. Considering the mobility of the rectum, this surgeon conceived and executed the project of reversing it artificially, as a glove is turned inside outwards: to achieve this he made two semi-lunar incisions at the edges of the sphincter, more or less deep, according to the seat of the affection, and introducing his finger into the vagina he easily turned the rectum from within outwards, so as to expose a considerable portion of its internal surfaces: since his first attempt of this kind M. Lisfranc has performed the same operation on four patients with equal success. The following is the most remarkable case, though it is to be regretted that the complete history of it cannot be given.

A young woman of St. Germain, about 25 years of age, was sent to M. Lisfranc by surgeon-major Le Clerc: she had numerous cancerous excrescences, which extended more than an inch and one-third into the rectum. This disease was the result of a syphilitic affection, for which she had pursued a mercurial course of treatment three or four times: the state of the parts did not permit the surgeon to ascertain the extent of the disease. He made the two semi-lunar incisions above described, but they were insufficient: it was necessary to divide the rectum throughout its whole thickness, and even to the sphincter on one side of one of the tuberosities of the ischium. The interior of the intestine being then exposed, as above described, it was easy to perceive that the disease

only extended through about two-thirds of its substance, and about the same extent of its circumference. It was necessary to dissect the diseased from the sound parts with great precaution, and this part of the operation lasted *three quarters of an hour*. In that portion of the rectum corresponding to the vagina the gut was diseased through its whole substance; a few cuts with the scissors were sufficient to separate it; more than *an hundred vessels* were divided, but they were so small that no ligature was employed. The patient bore this long operation with remarkable courage, but the hæmorrhage reduced her to a state of great weakness; the bleeding was stopped by plugging. It is now eighteen days since the operation; every thing is going on well; the wound is very much reduced in size; the patient is without fever, and M. Lisfranc hopes to complete the cure.—*La Clinique*.

[The more we read of M. Lisfranc's operations for cancer the more thoroughly we feel convinced of the loose manner in which the diagnosis of that disease is observed; the history of the last detailed case is any thing but satisfactory; its description is more than vague: what can be made, for example, of a case of carcinoma of the rectum in a girl of 25 years of age, which is described to be the consequence of a syphilitic affection?—E. G.]

SUGAR OF LIQUORICE—GLYCYRRHIZA
GLABRA.

The peculiar principle in the root of this plant has been long known. Doberuner and Robiquet have given processes for its separation. The following is by M. Berzelius. The cut root is to be infused in boiling water; the cold filtered infusion is to have sulphuric acid added in small quantities, until no further precipitate is formed. The precipitate is a compound of the acid with the saccharine matter, and is to be washed at first with acidulated cold water, and then with pure water, until no free acid appears. The precipitate is to be digested with alcohol, which leaves certain impurities, and then pulverized carbonate of potash or soda is to be added to the solution until it is neutral; the clear liquor is to be decanted and evaporated. It is desirable to have a small excess of acid

present, for which purpose put a little of the alcoholic liquor on one side, to be added at last to the neutral portion, and then leave the whole at rest, that the sulphate of potash may separate before the evaporation is effected.

The saccharine principle is a transparent yellow mass breaking like amber. Being heated it melts, and burns with a bright flame and much smoke. In powder it burns like resin or lycopodium. It does not change in the air. Its aqueous solution is precipitated by *all the acids*, and the more completely the stronger is the solution. The precipitates have no acid taste, but are sweet; they dissolve in water, and gelatinize upon cooling, if the solutions are strong.

This substance also combines readily with bases forming soluble neutral solutions; those with baryta and lime are not precipitated by carbonic acid. This principle forms insoluble compounds with metallic acids and many metallic oxides. It combines also with many salts, causing their precipitation in some cases.

The saccharine principle of the root of the wild liquorice (*polypodium vulgare*) is altogether different in its qualities from the above substance.

CONCENTRATION OF ALCOHOL BY ANIMAL MEMBRANE.

A memoir was published some time since by M. Soemmerring, on the evaporation of the water in diluted alcohol through a bladder, and the consequent concentration of the spirit. A second memoir by the same person has been published, in which the effects are more fully detailed, and especially when the alcohol is in contact with the bladder.

To strengthen alcohol, or render it anhydrous, a bladder capable of holding 16 ounces is to be nearly filled with alcohol of specific gravity 0.85; it is then to be well closed, and suspended over a sand bath or before a heated stove, at an inch or more of distance; in the course of a few days the alcohol will be diminished one-fourth of its bulk, and have a specific gravity of 0.8. The bladder of an ox or a calf is to be used, prepared by being steeped some time in water, washed, blown out, freed from fat and adhering vessels, the two ureters effectually tied, and then turned inside out, that both sides may be

cleansed. Being then blown up and dried, the surfaces are covered with a solution of isinglass; one layer is put upon the internal surface, and two upon the exterior. The texture thus becomes closer, and the alcoholic concentration proceeds better.

The bladder should not be filled, but a small space left. It does not become moist to the touch, and allows no odour of alcohol. If the alcohol have a greater specific gravity than 0.952, the bladder softens and feels moist. Bladders prepared as above may be used a hundred times or more: they gradually acquire a yellow brown colour and become stiff, but they are improved by a slight change. The air-vessel of the salmon will not produce these effects: alcohol of specific gravity 0.856 being put into one for 32 hours, lost a third of its volume, and was very much weakened. The air-bladder did not become moist, but the odour of alcohol was perceived near it.

Weak alcohol in bladders lost its water more rapidly than stronger spirit. In an experiment between water and alcohol, two equal bladders were chosen, and eight ounces of water put into one, whilst eight ounces of alcohol were put into the other. Both were equally exposed to a moderate heat: in the course of four days all the water had disappeared, whilst the alcohol had lost only one ounce of its weight.

If artificial heat is properly employed, absolute alcohol may be obtained in from 6 to 12 hours. Even solar heat will produce absolute alcohol.

Wine put into the prepared bladders acquired no bad odour; it took a deeper colour, had more aroma, a milder taste, and generally became stronger. Oil of turpentine, put into a jar and covered by a bladder, lost nothing in four years. Concentrated vinegar lost half its volume in four months; the other half was thick, and had no acid taste. Orange-flower water, under the same circumstances, lost a third of its bulk in several months, but had acquired a stronger odour, and had evidently lost none of its volatile principle.—*Mem. de Munich*, ix. 103.—*Bull. Univ. A.* ix. 322.

FORMATION OF ADIPOCIRE.

Dr. Harlan of Philadelphia relates, that having occasion to macerate a cranium, in the summer of 1824, he directed the head of a large fat negro, who

had died of acute fever, to be placed in a barrel half filled with water and closely covered over. On examining the process about six weeks afterwards, he was surprized to observe the head floating buoyantly on the surface of the water, lying on one side. The gas disengaged during putrefaction, and detained within the cranium, had probably produced this effect. The upper surface, or that which floated above the water, presented a tumid appearance, and on cutting into it the whole substance down to the bone was found converted into adipocire. That portion of the head and face, on the contrary, immersed in the water, was putrid and macerated.

“Those bodies,” says the Doctor, “in which this change has occurred in the cemeteries of this city, such at least as have come under my observation, have been interred in a soil of clay with a layer of gravel or sand superimposed; the water percolating down to the clay, which confines it in the vicinity of the body, which rests on the water.”—*N. American Med. Journal.*

PURULENT DEPOSITIONS IN THE LIVER AND RIGHT KNEE-JOINT, FOLLOWING AN OPERATION FOR URINARY FISTULA.

In the *Ephemerides de Montpellier* for March 1828, are contained several cases of purulent depositions in different parts, following wounds and injuries: we select the following:—

A soldier, aged 22, was affected with yellowness of the skin, and with tension of the right hypochondrium, after an operation for urinary fistula which had given him great pain. The symptoms disappeared when the sound was removed from the bladder, but returned on its being again introduced into the urethra. He was seized with nausea and bilious vomiting, yellowness of the skin, excessive tenderness of the right hypochondriac region, irregular rigors, and violent pain of the right knee. He died. The liver was found studded with purulent deposits, and generally softened: a collection of pus was found in the right knee-joint.

In another case, a portion of the mucous membrane of the bladder was torn off by the instrument, in attempting to break down a calculus. The patient became slightly jaundiced, with violent pain in the loins and at the outer part of the right knee, with swelling of the

limb supervening at a later period. Abscesses were found in the liver, but the state of the knee-joint is not mentioned. Lallemand, to whom these cases occurred, looks upon the secondary phenomena as the effects of inflammation.

PHLEBITIS—PUS FOUND IN THE PULMONARY VEINS.

At a recent meeting of the *Academie Royale de Médecine*, M. Bulher communicated the following case. A man, aged 30 years, of good constitution, was admitted at *La Charité*, with symptoms of acute gastritis. The complaint was soon mitigated, under the use of antiphlogistics, but the convalescence was not complete. At the end of twenty days there came on swelling of the feet; this spread to the legs, the thighs, and lower part of the abdomen, particularly on the right side. The patient, now much reduced, was unexpectedly seized with inflammation of the lungs, and died in two days. On opening the body there was found, first, a very extensive phlebitis, involving all the deep-seated veins, right leg, and thigh, which were thickened in their parietes, containing fibrinous depositions of different degrees of density, mixed with decomposed blood and genuine pus. The inferior vena cava, from the liver to its division into the iliacs, was filled with blood mingled with puriform sanies, and with a thick and unequal layer of fibrine, so adherent to its internal surface as to resemble a false membrane beginning to be organised. The pulmonary veins were filled with pus in their secondary divisions; and the veins of the pelvis, especially those of the bladder and rectum, exuded the same fluid on their division. The left lung was compressed by a sero-purulent effusion, and appeared sound, except at its inferior lobe, where it was gorged and suppurated. The right lung appeared healthy; but both contained a considerable number of little abscesses or deposits (*foyers*) of pus, which were surrounded by the pulmonary tissues, little injected. These abscesses were situated close to the pleura, and it was in their direction that the pulmonary veins contained pus. In the right nostril was found a stony concretion, and in the bladder a large black pin, the upper part of which was incrustated with phosphate of lime. The mucous membrane of the bladder was slightly thickened and inflamed.

CASE OF INSURANCE INVOLVING
SOME MEDICAL QUESTIONS.

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WE look upon the following case as of sufficient importance, in a medical point of view, to be recorded in our pages.— At a future period we may, perhaps, make some remarks upon it.

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COURT OF KING'S BENCH,

Guildhall, Oct. 21.

Adjourned Sittings after Trinity Term, for London, before Lord TENTERDEN and Special Juries.

BARON VON LINDENAU *v.* DESBOROUGH.

Mr. Brougham, Mr. Pollock, and Mr. Broderick, appeared for the plaintiff; and Sir J. Scarlett, Mr Gurney, and Mr. Campbell, were for the defendant.

Mr. *Broderick* opened the pleadings. This was an action on a policy of insurance effected on the 16th of June, 1824, on the life of Frederick, the fourth Duke of Saxe-Gotha and Altenburgh, in the Atlas insurance-office, for 3,208*l.*, at a premium of five per cent. The premium was paid for the first year; but it was intended that it should be continued for four years, diminishing one-fifth every year. On the 11th of February, 1825, the duke died; but the insurers refusing to pay the sum insured for, the present action was brought.

Mr. *Brougham* stated the case to the jury. The plaintiff, Mr. Lindenau, was a director of the Gotha and Altenburgh government country bank, and had been first minister of the late Duke of Saxe-Gotha. He wished to insure the Duke's life, and proposals were sent to Mr. Lewis, secretary of the Union insurance-office, through its foreign agent, and ultimately insurances were effected through Mr. Lewis, in different insurance-offices, to the amount of 12,000*l.*, part of which was on the part of other creditors besides the plaintiff. Mr. Lewis, acting in that instance as the agent of the Atlas insurance company, handed over to it the insurance the plaintiff desired to effect. He at the same time handed over to it the certificates he had received with the proposals as to the state of the duke's health. The Atlas company had thus the same information that the Union and other offices had, but it had not thought fit to act as the others had done, but had refused to pay the sum for which the policy had been effected. It was true the West of England insurance company, on finding that the Atlas refused to pay, had delayed payment for some time; but, having made the proper inquiries, had been convinced that every thing was right and proper. They had then immediately paid the amount for which the policy with them was effected. As was

usual in such cases, Mr. Lindenau had made declarations as to the state of the duke's health. He had stated that he was not engaged in any occupation that tended to abridge life; that he was not in the army or navy; that he was not asthmatic, consumptive, or subject to fits. This account was corroborated by the duke's two physicians, by his chamberlain, valet de chambre, and other persons who had good opportunities of making observations on the state of his health. All these accounts agreed that his general health was good; so much so, that, although forty-nine years of age, he did not appear above forty. The only thing that was the matter with him was, that he had had a cataract in the eye since the year 1809, and an impediment in his speech, with which he had been afflicted since 1819. Other documents communicated to the defendant, through his agent, informed him, that it was reported that the duke, in his younger days, had led a dissolute life, but that now his habits were strictly regular, and perfectly in accordance with the advice of his physicians. Upon this information the defendant, instead of asking the premium for an ordinary risk, namely, 2*l.* 17*s.* per cent. per annum, demanded 5*l.* per cent. Mr. Brougham proceeded to give a sketch of the duke's life. The only circumstance worthy of notice was, that when a boy he received a blow on the head, in consequence of a fall, which raised a small tumor on the forehead. Up to the year 1803 or 1804, when he attained his 29th year, the duke's health was not only like that of other men who have no ailment, but was particularly robust. At that period, however, he was seized with a tertian fever, which appeared to have left a malady upon him which his physicians described as of a spasmodic nature. The spasmodic attacks occurred occasionally, and were more or less violent, depriving him of the use of the lower part of his legs, but leaving his mind quite unaffected. The violence of these attacks gradually diminished till 1813, when they entirely ceased. From 1814 he again resided in Italy, and in that year it was that he became a convert to the Catholic religion; and, as was usual with converts, his zeal was greater than that of persons who had been brought up in the religion they professed. He was much under the influence of the priests; and whether from the influence of what his physicians called the enervating climate of Italy, or from the ascetic observances which his religious guides imposed upon him, his digestive organs became deranged, and in 1820 his health had become much worse. He was, therefore, sent by his physicians to the baths of Marienbad, and there he was perfectly cured. All the witnesses agreed on this point. The physicians, secretaries, councillors, and valet de chambre, without a shade of distinc-

tion, concurred in saying that the remedies prescribed at the baths had completely produced the desired effect. These facts transpired previous to the insurance being effected, and the learned counsel could not conceive why resistance to payment was made by the present defendant, as other insurance-offices had paid the sums for which they were liable on the duke's death. After the duke's death the duchess had the body of the deceased opened, and the internal parts of the body were examined. From that examination it clearly appeared that no chronic disease existed in the viscera or any part of the trunk. The present plaintiff, however, refused to have the examination limited to the body merely, and by his direction an examination of the skull was made. On the head being opened a tumor of an extraordinary description was discovered. It was not in any way connected with or attached to the brain, but on the internal part of the skull, for six inches, it spread itself under the bone of the skull. In the opinion of medical men, who would be called, this extraordinary appearance must have existed for years, if it had not its origin before the duke came into the world. In all human probability the phenomenon was born with him, and had grown with his growth. Nevertheless, he was not subject to drowsiness, to stupor, or to fits. He was, indeed, at one time, speechless; but that merely resulted from a violent cold, producing a catarrh, and was cured. He had also been afflicted with a cataract in one of his eyes, but this was of such a nature that it could easily be operated upon. The first ill health produced a phlegmatic sort of feeling that occasionally made the duke delicate and nervous; but still he had perfect possession of all his faculties, and walked, and danced, and sang. Mr. Brougham had been given to understand that the defence which would be set up went to the extent of stating that the duke was subject to fits, and that such an affliction was concealed from the present defendant. He contradicted that assertion, and would show by evidence incontrovertible that every thing connected with the health of the individual whose life was assured was distinctly stated to the company before the policy was effected.—When a man was perfectly capable of minding his business, of seeing and conversing with his friends, of partaking in the amusements of social life, his mere temporary departure from strict healthiness could not be called a "fit;" and it would be a gross abuse of the English language so to call it. In this case the question was one which most materially affected the interests of every prudent man; because if, after a man died at an old age, his representatives were to be turned round on, on the ground that some disease was discovered on dissection, few people would

leave their relatives safe when they insured their lives.

After some matters of form had been gone through, the certificates of the duke's two physicians, Drs. Dorl and Ziegler, were read. One of them had known him from his infancy, and the other for twelve years. They stated that his general health was good, but that he was "*hindered* in the faculty of speech," and had an affection in his left eye.

Mr. Mitchell examined, by desire of the defendant's counsel.—I should translate the German word which stands for "*hindered* in his speech," "*impeded* in his speech." One of the physicians makes use of a word I should translate "*inability* to speak."

The examination of Ernest Munchausen, chamberlain to the late duke, upon interrogatories, was here read. His health was stated to be generally good, and although in hot close weather he was observed to be drowsy, it was only attributed to his highness's phlegmatic disposition. The discovery of the tumor in the head was a great surprise to him, as he never complained of pain in his head. His intellect was weak, but that did not prevent him joining in every thing that was going on. From 1820 to 1824 his health was constantly good, with the exception of slight attacks of catarrh.

The examination of the duke's valet de chambre was also read. He had known the duke in 1792, when he appeared a powerful robust man, in perfect health. At that time he was only wardrobe keeper, but in 1822 he became his valet de chambre, and had an opportunity of observing him every day. He then ate, drank, and slept well, but could not speak. He, however, seemed to enjoy the best animal health, and appeared to understand every thing that was going on around him.

Both this and the preceding witnesses admitted that the duke was helped in and out of his carriage, and constantly had some one near him. The first attributed it partly to politeness and partly to short-sightedness. The latter witness, on his cross-interrogation, said, that in the social parties which the duke gave or frequented in the evenings, *he suffered himself to be turned round in sport, and walked up and down the room.*

The examination, upon interrogatories, of Dr. Dorl, physician to the duke, was here read. His intellectual faculties were impaired, but so far from that having a bad effect on his bodily health it was rather beneficial to it. The state of his intellect was never concealed, as the duke went out every day, and every body was allowed to see him. In 1824 the witness thought him less liable to attack of catarrh than he had been for some years before, as he had got more accustomed to his native climate than he had ever been since his return from Italy. He

was not aware of there being any tumor in the skull till the body was opened. He had no doubt, from the appearance of the tumor, that it had existed in the skull from the duke's earliest infancy.

All the preceding witnesses, in their examination, admitted that the duke was constantly subject to attacks of catarrh, particularly in the autumn and spring. His valet de chambre said that he had them about every six weeks.

Sir *J. Scarlett* here submitted that there had been suppression and omission of material facts.

Lord *Tenterden* said that those were points he should leave for the jury to decide upon.

The examinations, upon interrogatories, of M. Von Hoff, privy councillor; M. Bertuck, first secretary of the chambers; M. Von Derbeck, a physician of Jena, were then read. Some of these, but especially the last, were the most long-winded productions ever read, perhaps, even in a court of justice; and well calculated to *bother* both judge and jury. They all spoke to the duke's general good health, but admitted *that he had not spoken since 1822*. The last named witness said that he did not consider the duke's life in danger from the attacks of catarrh or from his inability to speak. All the witnesses stated that the duke understood what was going on around him, and by his manner testified when he was pleased or displeased. He was fond of music and of being read to.

Mr. *Green* examined.—I am a surgeon in London, and lecturer at St. Thomas's hospital. I have attended to the evidence concerning the duke's health. I am of opinion that the tumor in the skull must, during life, have been in a passive state. I think, from the appearance in the skull, that it must have been formed in very early life. Little change could have taken place after ossification, and the base of the skull is one of the parts earliest ossified. It is the nature of organic conformations like that to produce ailments which continue to increase. When such tumors exist in a state that may be termed morbid the ailments increase. Supposing the dissection had not taken place, and knowing only what I have heard to-day of the state of the duke's health before he went to Italy, I should say there was no symptom of an organic disease. The spasms which followed the tertian fever, and even spasms more violent, might have arisen from causes quite unconnected with the brain. The attacks, gradually diminishing and ultimately ceasing, would confirm me in my opinion that they did not proceed from the brain. From the cure of the derangement of his digestive organs at the baths of Marienbad, I should still conclude the brain was healthy. After the dissection, supposing a knowledge of the tumors discovered in the brain, knowing the whole course of his illness, and taking into account the care

taken of the duke, I should say, that the probability *before* his death was that he would have lived five years longer. With respect to what has been said of the duke's difficulty of speech, I hardly know what cause to ascribe it to, from the imperfect manner in which it has been described; but I think it was in the mind rather than in the tongue. I am inclined to ascribe it to a want of volition. I do not think that it is to be ascribed to the tumors in the brain. I should not consider that the catarrhal attacks he had passed through would render it less probable that he would live. I have heard the state of the duke's mind described, but do not think it amounts to idiocy, imbecility, or derangement—quite the reverse.

Cross-examined by Sir *J. Scarlett*.—Do you not consider vigour of mind to be the reverse of imbecility and intelligence of idiocy?—Yes.

Then you consider the evidence adduced in this case as shewing Duke Frederic to have possessed an intelligent and vigorous mind?—I have not said so.

No, but you say his state was the reverse of imbecile and idiotic; and you allow that vigour of mind and intelligence constitute the reverse of these conditions. When you hear that the duke was "controlled in his intellect"—that he was watched like a child—that he was so lethargic that he did not move unless desired to do so, and that he, a prince, suffered himself, at his parties, to be turned round and round for the amusement of his guests—do you, I ask, consider these facts as evincing a vigorous intellect?—I have heard the evidence imperfectly, if all these things appear. I heard that he had perception, memory, and other mental qualities; that he was fond of music, and of hearing reading.

Do you think that the symptoms pointed out the existence of disease in the brain?—I do not think so.

If a patient had had occasional attacks of spasms—if he had been unable to speak for two years—if he had been so indolent as never to move about except when asked to do so—if he was imbecile in his mind—and if, after he became speechless, he was in the habit of frequently putting his hand to his forehead—would you regard these circumstances as indicating any disease of the head?—These symptoms would lead to a *suspicion* of disease there.

If the patient had an attack, with redness about the face—became affected with paralysis, and died; and if, on opening the head, you found a tumor of the brain, and ten ounces of water effused, would these appearances confirm you in your suspicion, and prove that it had been well-founded?—I cannot give a direct answer to that question. Pressure on the brain, causing loss of speech, would also have produced other symptoms.

But suppose a case such as I have described?—It is a case I cannot suppose.

Might not the copious discharge during the catarrhal fever have relieved the brain?—Possibly it might, but these are cases not frequently falling under my observation.

Might the sudden suppression of such discharge have affected the brain?—Perhaps it might, by a kind of metastasis.

What do you mean by that?—That an effusion of a different fluid might have taken place upon the brain from the suppression of the catarrhal discharge.

Do you think the effusion found on the brain had taken place gradually or suddenly? Suddenly.

By Lord *Tenterden*.—If I, as a medical man, was asked by an insurance company concerning the state of a man's health who was unwilling to move, who was subject to control upon his intellect, and who had lost his speech, I should not consider myself at liberty to forbear mentioning these circumstances.

Lord *Tenterden*.—Then there is an end of the cause, for that is the state of the duke described by Dr. Dorl, who signs the certificate sent to the assurance-office.

Plaintiff non-suited.

PROCEEDINGS OF SOCIETIES.

LONDON MEDICAL SOCIETY.

A FEW evenings ago, a curious case of double uterus was detailed by Mr. Waller; but, with this exception, the proceedings have scarcely been of sufficient importance to warrant their publication since our last report.

HUNTERIAN SOCIETY.

October 15th, 1828.

DR. BILLING, PRESIDENT, IN THE CHAIR.

DR. MACBRAIRE reported a case of hydrothorax, in which there appeared a probability of a successful result. The compressed state of the lung, and its being covered with false membrane, were mentioned as rendering the operation of tapping for empyema in most instances hopeless.

At an early period of the meeting, the Secretary announced the melancholy tidings of the death of the Society's Treasurer, Dr. Robinson. The event had happened only about an hour previous to the meeting. It was unanimously resolved, as a mark of the Society's high esteem for Dr. Robinson, and of their deep sorrow in hearing of his decease, that the meeting do now adjourn; and that Dr. Babington, in his intercourse with the family, be requested to ascertain whether a more public and marked expression of the sentiments and feelings of the Society towards their deceased Treasurer at the time of sepulture would be accordant with the feelings of the family.

The doctor had been threatened with apoplexy in the early part of last year; and, though he considered himself as having fully recovered, it was evident to his medical friends that he had not wholly regained his mental powers, or his articulation. On the day of his decease he pursued his hospital and private duties as usual. He had dined, and had adjourned to the drawing-room, when he fell on the floor and expired within five minutes.

Dr. Robinson was a judicious, a respectable, and honourable practitioner. He was an exceedingly amiable man, and faithful in his friendships.

WESTMINSTER MEDICAL SOCIETY.

THIS society commenced its meetings on Saturday last, when Mr. Arnott took the chair.

The evening was principally occupied with routine business: among the rest, the election of Presidents. Dr. A. T. Thomson and Mr. C. Hawkins were nominated in the places of Dr. J. Somerville and Mr. Mayo, who go out by rotation. A letter was read from Dr. Barry, stating that he was about to proceed forthwith to Gibraltar on service, and regretting that he would therefore be unable to discharge his duties as President. A vote of thanks was passed to Mr. Warburton, for the manner in which he had conducted himself as Chairman of the Anatomical Committee! and a somewhat desultory conversation on the ulcerations of the bowels which take place in fever, concluded the proceedings of the evening.

BOOKS RECEIVED FOR REVIEW.

Chemical Re-Agents, or Tests, and their Application. Originally by F. Accum. Improved by W. Maugham.

A Manual of Midwifery, &c. &c. by Michael Ryan, M.D.

An Essay on a New Mode of Treatment for Diseased Joints and the Non-Union of Fracture, by Thomas Buchanan, A.M. &c.

Observations on the Nature and Treatment of Cholera, by A. T. Christie, M.D.

A general Description of the Bones of the Skeleton, intended for Students, by Henry Kemp Randell.

A Stethoscopic Chart, in which may be seen, at one View, the Application of Auscultation and Percussion to the Diagnosis of Thoracic Diseases, &c. &c. by S. E. Hoskins.

LITERARY ANNOUNCEMENT.

Dr. Richard Bright, of Guy's Hospital, has been for some time engaged in preparing for the press a second volume of his Medical Reports.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 48.] SATURDAY, NOVEMBER 1, 1828. [VOL. II.

ESSAYS ON SYPHILIS.

BY JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 616.]

I HAVE now spoken of the usual local sequelæ of gonorrhœa. The subject of permanent stricture would, I conceive, lead me too much out of my road; and as it is not in immediate connexion with gonorrhœa, I shall proceed now to consider the symptoms and treatment of that disease in the female. Gonorrhœa in woman is a much more simple disease than in man. The natural functions and structure of the parts explain this difference; they are much less complex, and though the symptoms are occasionally severe, they neither last so long nor do they leave behind them so many unpleasant affections. There is, however, one source of difficulty attending this disease in the female; that is, the difficulty of deciding when she has the disease, and still more so when it is cured. In both cases, if the woman has an intention to deceive, it is far from easy to come to a decision on either of these points; that is to say, after the first few days have elapsed; for in the commencement there will be usually much itching and titillation of the orifice of the urethra, together with some swelling of the labia and nymphæ; and the parts will appear more red and injected than in a state of health. Pain in making water is an accompanying symptom; and this appears to arise from inflammation extending to the orifice of the urethra; which, in some severe cases, extends along that canal. The water passing over the inflamed

surface of the vestibulum and nymphæ, also increases this painful sensation. Excoriations, or very minute apthous ulcerations, are also very apt to attend a severe attack of this disease in the female. Enlargement of the inguinal glands is also a very common attendant; but these very seldom proceed to supuration, nor do they require any particular treatment. Where the discharge is very profuse, and the woman delicate, pains in the loins, hips, and pubic region, are very common and troublesome symptoms; and, as in the male sex, the constitution sometimes sympathizes in the attack, and fever is present. The various discharges from the pudenda to which women are liable, render it extremely difficult to decide upon the nature of the complaint. Moral evidence will sometimes be necessary to guide our judgment; for the mere circumstance of infection following a connexion is by no means a conclusive proof of the disease having had a venereal origin. As far as practice is concerned, it is not, perhaps, a matter of much moment to decide this point; for we do not now think it requisite to put our patient through a mercurial course, when we know the disease to have been received from a diseased man: but it is often our lot to be called upon to decide upon cases where the happiness or misery of an individual, and the honour of a family is, perhaps, concerned; and we cannot, therefore, be too cautious in pronouncing an opinion. Generally speaking, in cases of leucorrhœa and fluor albus, the heat in making water, if it exist at all, is very slight; and it is certainly not usual for infection to be communicated by connexion; though if the discharge be pro-

fuse, the possibility of such an occurrence cannot be denied. The whole appearance of the woman also will frequently denote great debility. In addition to the discharge, she will complain of pains in the loins and thighs; great weariness, or incapacity to take exercise; and frequently a difficult or irregular state of menstruation.

With respect to the cessation of the disease we are still more liable to be imposed upon; for if the female is of clean habits, and more especially if she is aware that inspection is intended, it will be impossible to detect any marks of the disease; and, therefore, we must form our opinion from other circumstances, or arrive at the truth by cross-examination and finesse.

The cure of these symptoms is usually much less difficult than in the male sex. Rest, and the recumbent position, will be equally necessary in the first days of the complaint, but injections may be used much earlier and much stronger than in the male sex. Those composed of the acetate of zinc appear to be among the most efficacious. The syringe employed should have a curved neck, and be capable of holding a considerable quantity. It is also necessary to continue their use for some time after the cessation of the discharge. If the pain in making water increases very materially, and the parts are very hot and tumid, it may occasionally be necessary to abstract blood, to foment the pudenda with decoction of poppies, and to administer antimonials and opium at night. A suppuration has occasionally taken place in one of the labia: this is to be treated by fomentation and poultice. The matter should then be discharged, and there will be no difficulty attending the healing of this part. In this case it is hardly necessary to say that all injections should be omitted until these symptoms are mitigated. To relieve the pain in making water, nitre and gum acacea may be prescribed with advantage, as in the other sex. Among the best injections which you will find mentioned in authors, is that composed of two drachms of the sulphate of zinc to four scruples of acetate of lead, mixed with a quart of water. Other forms, however, such as the sulphate of alumina dissolved in water, are occasionally necessary; and they require to be now and then changed, for they appear, after some time, to lose their power.

If the discharge continues in spite of these remedies, and the patient feels debilitated by its continuance, bark, steel, and sea-bathing, will be found to contribute materially to the completion of the cure.

Such are the principal points to be attended to in the treatment of the gonorrhœa in both sexes; yet, after all, under every mode of treatment, and with every possible care and attention, both on your part and that of your patient, gonorrhœa is a most troublesome and perplexing disease in some individuals; and you will be often called upon to exercise your ingenuity, as well as your patience, in combating all the untoward events that obstruct the completion of the cure. Hence it is that new remedies are so perpetually sought for, each of which is hailed for a time as a panacea; but which, failing to exert its virtues upon some few occasions, at length shares the fate of those which have preceded it. This is beginning to be the lot of the cubebs; it has now sunk at least to a level with the copaiba; and, probably, has not yet reached its ultimate point of depression. I would, however, have you estimate that, and all the other medicines which have been so much vaunted, fairly and soberly. The disease you have to contend with is an inflammation of a mucous membrane, in a part whose structure and uses are complicated; and which must be used several times in the day. You must separate in the symptoms what is accidental from what is essential; you may attempt to supersede the disease, in the first instance, in the manner I have described. If this is in vain, you must treat it upon the common principles of inflammation; and afterwards get rid of the discharge by astringent injections; by terebenthinate preparations; by attending to the general health, and all other means applicable to the peculiar condition of the diseased action that has become established, reference being always had to the structure and double functions of the part. I shall now proceed with a description of the general symptoms which sometimes are found to result from this disease.

I have already mentioned the mode of treatment which I have always found most effectual in the aggravated form of gonorrhœa, both in the male and female; together with those immediate consequences which ensue in the progress of

the disease. A few words still remain to be said relative to the milder forms of this discharge, and which are by far the most commonly met with. If, then, the patient complains only of slight pain in making water, the inflammation of the orifice of the urethra is but trifling, and there are no nocturnal painful erections or chordee, there is nothing to prevent our having recourse to the exhibition of the cubebs, or copaiba, at once, and combining with it the use of one of the milder forms of injection which I have before mentioned; gradually increasing the strength as the tenderness of the passage will permit. Thus, in common cases, the patient will be cured in two or three weeks; but should he find that the discharge perpetually returns upon sexual indulgence, or from taking too much exercise, or a more generous diet, then be sure there is a state of the passage existing which must be restored to a healthy condition before the cure can be considered as permanent. The mode of effecting this I have already mentioned, and it only remains to remark that you will find cases related in books where men constantly become subject to discharge from connexion with some one particular woman, though she be not apparently diseased. Mr. Hunter relates an instance of this sort, where a gentleman renewed his acquaintance with a female who was actually two years resident in the Magdalen Asylum. He waited for her dismissal, slept with her that night, and had a purulent discharge in consequence. Now, if such a case were to occur in my practice, I should not be satisfied without an examination of the condition of the urethra after the patient was apparently well of the discharge, for in all probability there is some lurking disease at the bottom of this; and if so you will not be able to cure your patient permanently without the assistance of the metallic bougie.

The diseases which next claim our attention, generally speaking, are the remoter consequences of gonorrhœa. They are, indeed, of rare occurrence; but, nevertheless, both on account of their severity as well as obstinacy, they merit a share of our attention. How it happens I know not, but, with the exception of the first which I shall mention—the gonorrhœal ophthalmia, they are little known, or at least we find but slight mention of them in authors.

Whether it be, as some have conjectured, that the exhibition of powerful repellent applications or medicines have made them more common than heretofore, I cannot pretend to say; but certain it is, that neither the gonorrhœal rheumatism, nor the eruption of papulæ, nor ulcerations of the palate and throat, are mentioned by any of the standard writers on syphilitic complaints, unless we except Swediaur, who says a few words on the rheumatism of the knee succeeding to a gonorrhœal discharge. Yet nothing can be more certain than that such complaints do exist as the consequence of that disease; and I shall proceed to relate what I have been able to collect upon this obscure subject from my own experience, as well as from that which has been related to me by others. I shall commence with gonorrhœal ophthalmia; and a more severe, painful, and generally destructive disease does not exist within the catalogue of human afflictions.

This species of ophthalmia has been falsely supposed only to have been lately recognized, but it was described accurately by St. Yoes, in the year 1702; and the indefatigable Astruc has devoted a chapter to this affection, which he ascribes to error in diet, to immoderate exercise, to hypercatharsis, or any other means by which the gonorrhœal discharge is suddenly suppressed; in fact, he only admits it as proceeding from metastasis. I have already, more than once, objected to this word. It is an easy mode of escaping a difficulty by substituting one term for another; but we do not explain the mode in which this translation of disease is performed by the change. If mere suppression of a gonorrhœal discharge could alone cause the attack of this form of ophthalmia, instead of being very rare it ought to be an every-day occurrence; therefore something more than suppression must be concerned in its production. As to metastasis, which is in other language a translation, it only records the fact, and conceals our ignorance of its cause under a sounding name.

Recent observers have, however, been induced to believe, that, independently of this cause, it may be produced by actual contact of gonorrhœal matter to the eye; and Jesse Foot engages in a long, and, I think, very needless discussion, to shew, that although the ino-

culation, or introduction of this matter can, and does occasionally, give rise to the disease, that the patient cannot infect himself from his own gonorrhœa; for, he says, if this were the case, scarcely any man or woman having that disease could possibly escape the ophthalmia here described. He therefore infers that it never takes place unless the matter introduced be that derived from another subject. I am much inclined to believe in this explanation, which is viewed in the same light by Dr. Vetch. In three cases which I have seen, the disease was decidedly traceable to this cause; two of the patients were washer-women, and both distinctly pointed out to me the origin of their sufferings. Thus, then, we have two sources from whence this disease may originate clearly made out. With regard to the severity of the symptoms, and the danger attending them, observe what Astruc says. "*Inde primum est colligere,*" (he has previously described the disease,) "*cur morbus ille adeo preceps sit et stadia sua tam celeriter percurrat, ut brevissimo temporis intervallo, invadit, invalescat, oculo labem intentet, certamque perniciem inferat.*" In these expressions he is fully borne out by the testimony of every surgeon who has mentioned this subject since his time: yet so much has this disease been overlooked, that some of those who have expressly written upon gonorrhœa have omitted to notice it. And when first I heard a fatal case of this affection mentioned by a celebrated surgeon of the present day, few of those who heard him seemed to be at all aware of the existence of such a complaint. The attack of gonorrhœal ophthalmia is generally very sudden. It is most usual for one eye to be attacked, but occasionally both become the seats of the disease. In this case there will be generally, not always, a suppression of the discharge from the urethra entirely, or nearly so. Where one eye only is inflamed, I should be more inclined to suspect the introduction of the gonorrhœal discharge; though in one of the cases which fell within my observation both eyes were affected from this cause. But I cannot agree with Scarpa, who, whilst he admits the occasional origin of the disease from the contact of matter, believes that such cases are milder than those which originate in sudden suppression

of the discharge. This is contradicted by my own experience, as well as by that of others in this country; and Delpech, of Montpellier, in his *Clinique Chirurgicale*, relates an excellent case in confirmation of the view I have taken. The ophthalmia was, in that instance, occasioned by a young woman washing her eye with a sponge which had been employed by a person labouring under gonorrhœa for the purpose of wiping away the discharge. The destruction of the eye ensued in this instance.

The conjunctival membrane is the original seat of the disease, which becomes red and swollen to a great degree, and with a rapidity which has no parallel in any other inflamed condition of this organ. The cornea quickly becomes the seat of inflammation; a profuse purulent discharge takes place from within both the upper and lower palpebræ; the vessels of the transparent cornea become injected with red blood; and complete chemosis ensues often in forty-eight hours, or even less. The rapid growth of fungus from the conjunctivæ is sometimes truly astonishing, everting both the lids; and the discharge is profuse beyond what could be conceived, either from the space that affords it, or the time in which the disease runs its course. The pain attending it is extreme; the symptoms of constitutional disturbance very severe; and the inflammatory action is often communicated to the interior of the eye, producing a sudden effusion of lymph into the anterior chamber; a protrusion, and sometimes even a bursting of the cornea itself. Such is the course of this terrible disease when left to pursue its own course; and I am sorry to add, that such is also too frequently its termination under every circumstance. Nevertheless, I would not, by so saying, have you to believe that art is here of no avail, and that we have it not in our power to oppose resistance to this formidable enemy; on the contrary, there is no case in which our zeal, attention, and decision, are more necessary. There are cases which defy all the usual etiquettes of regular and ceremonious visits. If we wish to save our patient from the destruction of his vision we must scarcely depart from his bed-side until the inflammatory symptoms are controlled. The lancet must be hardly ever out of our reach, for if ever there was a disease in which blood

may be taken away without measure, it is this. This, perhaps, may be thought to be strong language, neither will I insist upon such vigorous measures being always necessary; but what I have actually witnessed of the disease fully warrants me in drawing particular attention to it; for I am confident, that whenever it may be your fate to meet with a case of this kind, you would have, from fatal experience, great cause to reproach me if I did not direct your especial attention to it; and having once done so, I must leave it to your own good sense and discretion to discriminate the shades and varieties, and the modifications in practice which they will necessarily demand. We find described in authors two methods of remedying this terrible malady; the first, which consists in restoring, or endeavouring to restore, the suppressed discharge by the use of bougies, cannot obviously be had recourse to on all occasions; because, though we may suspect, we cannot always positively know the source of the disease, neither is it applicable to the case of females; and besides this, the very time consumed in this endeavour is too precious to be lost. It must also be recollected that this proposition can only be applicable to those cases in which the discharge has been suddenly suppressed; for it would be evidently useless where the patient is suffering simply from inoculation of the gonorrhœal matter; and, therefore, if I was disposed to make the attempt, I should only do so in conjunction with those general remedies more immediately indicated by the condition of the eye itself. The restoration of the gonorrhœal discharge certainly can do no harm, and may eventually be of service; but I should not expect that, even were I successful in re-establishing it, the inflammation of the eye would cease all at once, or that I should be released from anxiety concerning its result.

However, it must not be forgotten that Swediaur considers the restoration of the discharge from the urethra as one of the principal means from which he should expect relief in such an ophthalmia. Our chief reliance, therefore, in these cases, must be upon the abstraction of blood, not locally but generally: it must be carried to the extent of inducing a state of collapse, and maintaining this condition for some time. In addition to the abstraction of

blood, the use of the tartar emetic, in nauseating doses, combined with the Epsom salt, in the form which I have already recommended in the inflammation of the testicle, will be found highly beneficial. The poppy fomentation applied to the eye, taking care to wash away industriously the matter as fast as it is secreted, forms, perhaps, one of the mildest and most soothing local remedies we have. Nor must we forget the great benefit derived from large blisters applied between the shoulders, or even a mustard cataplasm, which will effect the purpose of counter-irritation in a very short space of time—ten minutes or a quarter of an hour being quite as long as it ought to be kept on. Swediaur strongly advocates the propriety of making an opening in the cornea in this condition of the eye. It has been subsequently recommended, in very strong terms, by Mr. Wardrop; and may occasionally be useful in diminishing the tension of the parts, by discharging the aqueous humour.

With respect to the exhibition of mercury, so much recommended by Astruc, Swediaur, and others, I have great doubts. In the first place it must not precede the evacuation of blood, neither can it supersede the continued use of the lancet, as in the case of iritis. Too much time, also, is in general demanded for the production of its specific effects to permit us to hope much from its employment in so acute an attack. Nevertheless, where all other means are attended to, I see no objection to its exhibition in the form of blue pill or calomel, guarded with opium, so as not to act merely as a purgative. I have known instances where two grains of calomel have been taken every two hours, and the mouth has become decidedly affected within the twenty-four hours. If, by the vigorous employment of these means, we are fortunate enough to find that the pain is sensibly diminished, the organization of the cornea not having been destroyed, (although, in the most successful cases, I have known partial effusions of lymph either in the anterior chamber of the eye or between the lamina of the cornea), much will still remain to be done. The formation of the fungus upon the conjunctiva, together with the chronic discharge of matter, will demand our attention; but as these sequelæ of the disease differ in no

respect from those which accompany other forms of conjunctival ophthalmia, I may be excused from entering into the further treatment of a disease which does not form part of my subject. In detailing the line of conduct to be adopted, I have omitted to mention a word of diet: after what I have said, however, such an omission can scarcely be of consequence. It must be anti-phlogistic in the strict sense of the word. I must not, in this place, omit to notice a new method of treating acute conjunctival ophthalmia, which has recently been adopted in the army. The plan, I believe, originated with Dr. Ridgway, and has been practised at the military hospital at Chatham with the greatest success, as is related by Mr. Melin, the staff-surgeon in charge of the ophthalmic patients at that place. The application of a solution of lunar caustic, for the purpose of destroying the granulated surfaces of the conjunctival membrane, the consequence of previous inflammation, has long been advantageously practised; but it is only of late years that we have been told that a solution of argentum nitratum, in the proportion of ten grains to the ounce of water, and sometimes even much stronger, may be dropped into the eye in the commencement of the severest attack of conjunctival ophthalmia; and that so far from producing, as might at first be supposed, any increase of pain, that the practice is attended with the most decided advantages; that the pain and redness of the membrane is overcome almost immediately, and the cure effected even without the abstraction of blood. In addition to the testimony of Mr. Melin and Dr. Ridgway, Dr. O'Halloran has recently published the result of his experience with this application, which is highly favourable. I am not sure that this plan is applicable to the disease I have just described: I have never seen it adopted; but from the positive manner in which it has been recommended, and the strong cases of fortunate termination that have been published, I should almost feel inclined to make trial of it, considering the numerous instances of failure which I have witnessed or heard related by pursuing the practice hitherto recognized. I have myself heard from Dr. Ridgway a detail of successful cases, in consequence of the use of the nitrate of

silver, to which I find it impossible to refuse my assent.

Ophthalmia, as a consequence of gonorrhœa, sometimes also assumes a different and less formidable shape to that which I have just described. It occasionally is met with in conjunction with the rheumatic pains and swellings of the joints about to be described, with which it alternates. The tarsal glands are the seat of this form of the disease, and it differs in no respect from the commonly described tarsal ophthalmia. The only remarkable feature attending it is the coming on of local pain upon the subsidence of the discharge from the eye, and the return of that discharge when the rheumatic symptoms are mitigated. Independently of the usual methods of treating this form of ophthalmia, by astringent and stimulating collyria—by the application of an ointment, composed either of the red precipitate, with spermaceti cerate, or the diluted ung. hydrarg. nitratis to the edges of the palpebræ, I should think it necessary to institute a mild and alterative mercurial course, in combination with the sarsaparilla in decoction, to the amount of at least a pint, or a pint and a half, in the day. Where this symptom is more than usually obstinate, sea-bathing, and a residence by the sea-side, will contribute much to the recovery.

[To be continued.]

ON THE SPECIFIC EFFECT OF ATMOSPHERIC POISON

*On various Structures of the Body,
as connected with the production of
disease—especially fevers.*

BY EDWARD SEYMOUR, M.D.

(Continued from page 619.)

*On Fever * in which the Miasma or
Poison of the Atmosphere acts directly
on the Mucous Membrane of the
small Intestines after being received
into the Circulation.*

THIS fever, which is best known in this country under the name of bilious, but

* Synon.

Febris mesenterica maligna ..	Baglivi.
Febris intestinalis	Heister.
Febris gastrica	Burserius.
Gastro-enterite (aigue)	Broussais.

not uncommonly typhus fever, (I speak in the common acceptation of a term applied without reserve to all fevers of a low type,) is the most ordinary form of autumnal fever; occurring, however, at all seasons of the year, in low or marshy situations, and being most frequent when damp and cold, or rainy seasons, have succeeded to heat and drought. Where this disease has proved fatal, in the great majority of instances no deviation from the healthy state in the brain or its membranes is to be discovered. The morbid appearances are confined to the small intestines, presenting various degrees of increased vascularity and thickening, and different kinds of ulceration.

The first of these kinds of ulceration, which has been most fully and accurately described*, has its seat in the glandulæ aggregatæ of the small intestines. These are enlarged and thickened, and subsequently ulcerate, presenting ulcers from the size of a pin's head to that of a crown piece. These last have hard irregular edges, and are often so deep as to penetrate to the peritoneal coat of the intestine. When the peritoneal coat gives way, the patient expires in a few hours, with symptoms of acute inflammation; an occurrence which has sometimes taken place when the general amelioration of the symptoms in the progress of the fever had given rise to a fair promise of recovery.

The second kind has been termed abrasive ulceration, and appears as if the mucous membrane had been removed in places with a knife; the edges are neither raised nor much indurated, and there is little or no appearance of increased vascularity.

The third may be termed erosive ulceration. It is not situated in the glandular structure; the vessels around it are of a deep livid red colour, much enlarged; and from these, as the disease advances, very considerable discharges of sanious fluid take place. This form of ulcer resembles much in appearance, and in the symptoms and

great prostration of strength with which it is accompanied, that of the cynanche maligna, in the aggravated forms of scarlatina.

Before proceeding to the investigation of the symptoms during life in these forms of fever, and before stating the reasons which convince me that the inflammation and ulceration of the small intestines are the primary affection, and the alteration in the functions of the sensorium the secondary, I may be permitted to inquire whether the ancient physicians who framed the various theories of fever were ignorant of these appearances. It will not be difficult to shew that physicians who studied morbid anatomy were perfectly aware of the fact, and we can scarcely be astonished if those who wandered wholly from this true path of observation should have been dazzled and misled by the false lights of which they went in pursuit.

In the *Sepulchretum* of Bonetus we find traces of such appearances described, but in far too vague a manner to permit of their being considered as accurate observations, on which physicians of that period could form any essential part of their practice.

Previous, then, to the works of the great anatomists of the 17th century, Spigelius and Morgagni, we find no descriptions on which we can rely of these appearances. It is not to be supposed, however, that such men could have overlooked so frequent a morbid appearance in the bodies of those who died of fever as ulceration of the small intestines.

The former writer, Spigelius, who has left us a very elaborate treatise on the fever known to the ancients under the name of *hemitritæus*, or *febris semitertiana*, has subjoined the account of the dissection of two patients who died of this disease, where the principal morbid appearances were ulcerations of the small intestines. In one instance, pain having been experienced during life on pressing the abdomen, and in the other no avowal of pain could be obtained from the patient.

From the manner in which this is mentioned, it appears that Spigelius esteemed the symptoms of abdominal pain of very considerable importance, and has placed the danger of the disease in inflammation and destruction of the mucous membrane of the small intestines. The cases are too long for in-

* Speaking of recent publications, I may mention those of MM. Andral and Bretonneau, in France, and of Dr. Hewett, Physician to St. George's Hospital, in London. Still later, the splendid work of Dr. Richard Bright, Physician to Guy's Hospital (perhaps the most complete work on the subjects on which it treats which has appeared since the *Morbid Anatomy* of Dr. Baillie), leaves nothing to be desired.

sertion, but the account of the appearances in the ilium ought not to be omitted, as it will bear comparison with the very best and most accurate description from the pen of more modern writers :

“In eo tenuia intestina inflammata vidimus, præsertim tunica eorum interiore. Illi portionem magnam versus colon prorsus sphacelatam. Interior intestinorum tenuium tunica quâ parte extremitates venarum meseraicæ terminabantur duris quibusdam excrescentiis carneis, flavo colore et fusco præditis per brevissima intervalla dimidii aut paullo amplius spithamæ laboravit, majoribus excrescentiis in ileo, minoribus in jejuno.”—*Spigel. de F. S. lib. 1, cap. xvi.*

So accurate a knowledge of the seat of disease, or at least of the structure whose lesion proves fatal in this form of fever, would, we should suppose, lead to accurate practice ; and we find the following to be that which he inculcates as the result of these circumstances, and from his experience. He directs venesection where the symptoms are severe, and the early use of brisk purgatives ; the latter, notwithstanding the objections of the ancient physicians, and in defiance of an aphorism of Hippocrates, no mean proof of his strong conviction of the necessity of such practice, when it is recollected that the scholastic reverence for these authorities was, in the beginning of the 17th century, unbounded.

“Usus quotidianus me docuit, Rhabarbarum, Senam, Agaricum, atque Aloë Socotrinum, initio omnis hujus febris datam plurimum profuisse,” &c. —*Ibid. lib. iii. chap. vii.*

For this purpose he particularly recommends a purgative powder of that period, known under the name of the powder of the “Comte de Harvich,” which consisted of scammony, antimony, nitre, and crystals of tartar. Considerable advantage is likewise attributed to the use of fomentations and poultices to the abdomen. Morgagni has described, with his accustomed accuracy, a remarkable case of the erosive form of ulceration of the bowels in fever. A youth of twenty years of age, who had been subject to diarrhœa, was attacked with tertian fever, from which he recovered. He was then suddenly seized with acute fever, with exacerbations : on the fourteenth day of

the disease he died. The following is the account of the abdominal appearances, in the words of this celebrated anatomist :—

“Venter, etsi nullo modo tumere videbatur, tamen multum continebat saniosi ichoris, qui ex intestinis prodibat, pluribus in locis ad quendam tractum perforatis. Is tractus ilei finem et proximum insuper colon ad duarum palmarum longitudinem comprehendebat. Erant ibi hæc intestina, erosa, exulcerata, et facie interiore etiam gangrænâ affecta, ut facilius perforari potuisset intelligens. Prope hunc tractum, nonnullæ mesenterici glandulæ excreverant in tumorem, in quo ichor non absimilis ejus qui in ventris cavum eruperat, ipsa autem tenuiosis substantia mollis et flaccida erat, et ad corruptionem inclinare videbatur. Lien triplo major quam secundum naturam.”

The celebrated Baglivi, who is well known as having been one of the first to detect the errors of the humoralists of his period, in his investigations as to the truth or falsehood of medical opinions, appears to have been much struck with the alteration in the abdominal secretions in fever, and he observed that such alterations were particularly remarkable in fevers of a remittent type.

It does not appear that, by the words “febres mesentericæ,” Baglivi alludes to the disease now known under the name of tabes mesenterica, but to those fevers attended with dangerous symptoms, which he believed to arise from vitiated secretions in the primæ viæ, and conceived to stagnate in the mesenteric glands.

“Et candidè fateor ex tribus partibus, febrium quæ Romæ regnant, duas saltem originem habere ab infarctu mesenterii, ibique diu congestâ putri cacochyliâ.” It is obvious that Baglivi had observed the diseased secretions of the bowels accurately, and attributed to them the violent disorder of the brain and nervous system consequent on such disease ; but he appears not to have known that they were often the consequence of inflammation and ulceration of the glandular structure of the bowels.

Had Baglivi consulted the appearances after death, he would have been enabled to conjoin the facts of the vitiated secretions with the diseased structure, instead of observing only the con-

sequence, and inventing causes for its explanation.

On the opinions previously quoted the practice of this celebrated physician was formed, and he inculcates the use of purgatives. "Purgationes frequenter præscribo, et totam dirigo indicationem in educendo per purgationes mesenterico apparatu, posthabitis diaphoreticis et inutilibus ne dicam noxiis testaceis pulveribus."

In all these cases the author particularly objects to the use of bark until healthy secretions have been obtained.

"Nonnulli in hisce casibus solent more solito Chinam Chinæ præscribere, quo autem cum successu pluribus in locis hujus operis animadverti. Nam hoc remedium impuro corpori dare, sæpe in ægroti perniciem vertitur, potissimum in maximo apparatu humorum in mesenterio. Frequenter succedit exhibitâ chinâ chinæ, febrem non tolli licet pluries repetatur."

I have dilated more particularly on the opinions and practice of Baglivi, because they have been believed to have been the models by which were constructed the doctrines of a celebrated French physician of the present day; and hence to have drawn the attention of the profession more particularly to the alterations, both functional and structural, of the viscera of the abdomen in cases of fever.

We cannot be surprised that these states of ulceration of the bowels, so common in this fever, should not have been noticed by Dr. Cullen, when the great physician, from whom a large portion of his doctrines were derived, has scarcely alluded to them in his voluminous and laborious productions. Fred. Hoffman mentions, indeed, erosion of the stomach and bowels, in bilious fever, as the result of acrid bile; and has described, with his accustomed accuracy, the chronic forms of ulcerated intestines in the prolonged stage of dysentery, and in the diarrhœa of phthisis. But in no instance, which I can discover, has he related the appearances after death in his numerous cases of fever.

The following passages, occasionally repeated in different parts of his work, contain his knowledge and observations. I leave it to the reader to judge if they can be considered as accurate representations or explanations of the state of the membrane of the bowels in

some epidemic fevers, which are now understood to be so frequent and so fatal.

"Nonnullæ non adeo acutæ sed longius extrahuntur, ita tamen ut subinde remissione vel plane intermissione quadam interpolentur et vel quotidie vel tertio quovis die cum vomitibus et refrigeratione iterum exacerbantur merito ob id quotidianæ vel tertianæ quotidie vocandæ: sed hæ ipsæ nisi congruis citò succurrantur remediis, in lentas febres perquam facile degenerant et stomachi diuturna vitia, dolores pressorios, ructus, inflationes, ab erosionem ventriculi vel duodeni, à mordaci bilioso succo vel superficietibus vel profundius factum inferunt."—Vol. 3, sect. 12, cap. 11.

Contrast this with the following exact description of the ulceration in its chronic form, as it occurs to our observation in dysentery and phthisis.

"Quod si in intestino quodam ejusmodi erosio fuerit identidem dolores in abdomine et dorso cruciant qui semper assumptis calidis, salsis, acidis mirum exacerbantur, dejectiones alvi sunt creberrimæ, et varia caloris et frigoris est in corpore vicissitudo, urina mox tenuis et aquosa, mox rubicunda et crassior redditur, malum etiam admodum diuturnum est, vires depascit, corpus consumit, longum certè tempus et accuratam emdulcentem diætam plusquam medicamenta præsertim activiora desiderat."

It is now several years since Dr. Baillie published his valuable work on Morbid Anatomy; a work which is doubly interesting from the period in which it was written, and the rare observation, accuracy, and simplicity, which it displays.

"Dr. Baillie has very completely described the ulcerations of the intestines, which are so frequently met with; he has distinguished them with the most perfect truth in the following words:—

"The edges of the ulcer have sometimes considerable thickness, and sometimes they are not thicker than the healthy structure of the intestine. The edges and general cavity of the ulcer are sometimes ragged; and at other times they are smooth, as if a portion had been cut off from the intestines with a knife. Sometimes there is a considerable length of intestine, especially if it be the great one. (This is the appearance which prevails in severe dysen-

tery). The inner membrane hangs in shreds, occasioned by the great ravage of the ulceration. I have also seen a considerable portion of intestine completely stripped of its mucous membrane from the extent of this process, and its muscular coat appeared as distinct as if the mucous membrane had been very carefully dissected off. In the follicular glands, which are gathered together in little oval groups, I think ulceration occurs more frequently than in the other textures of the intestines."

It is impossible to conceive any thing more just than the preceding description; still Dr. Baillie has not connected these appearances with any particular form of disease, neither has he stated that they are very common in some forms of fever. From an expression in a posthumous publication of Dr. Baillie's, it would appear that he had not paid as much attention to what has been called idiopathic fever as to other diseases.

In the year 1804 Dr. Beddoes published a treatise on fever, principally with a view of ascertaining, from the history of the dissections of persons dying in various epidemics, the truth of Dr. Clutterbuck's and Mons. Ploucquet's views in associating idiopathic fever invariably with inflammation or lesion of the brain, or its membranes.

It is very difficult, from this little work, to collect that Dr. Beddoes was aware how often and how fatally the small intestines were attacked in some fevers; the result, however, of his comparisons and inquiries is, that "in idiopathic fever the stomach and contiguous parts have been found more constantly and more deeply affected with inflammation than the brain and its membranes."

Dr. Nevenson, more than twenty years ago, in his *Julstonian Lectures* on fever, before the College of Physicians, noticed particularly ulceration in the bowels as a most frequent and fatal occurrence. During twenty-six years that Dr. N. was physician to St. George's Hospital, he was in the habit of calling the attention of the pupils to this fact.

From the foregoing remarks it will be easy to deduce the title to originality to which M. Broussais has a claim in the pathology of fever.

This gentleman, who has a just right to the name of an enlightened and en-

terprising physician, appears to have been led to doubt, from experience in the epidemic fevers which attacked the French army during various campaigns in the late war, of the propriety of the ordinary doctrines of fever. The opportunities afforded him of inspecting the bodies of those who fell victims to the disease, pointed out the frequent extensive and severe injuries in the mucous membranes of the intestines and bronchi, particularly the former; and led him subsequently to believe that fever was symptomatic of such changes, and not the cause of them.

We have already noticed the great similarity which exists between the opinions of Baglivi and those of Mons. Broussais, and it is not by any means improbable that the perusal of the works of the former either gave rise to, or at least strengthened, the tenets of the latter.

We have already shewn, that although several illustrious and scientific men had not omitted to observe these organic lesions, yet they were but very few in comparison with those otherwise ingenious and learned physicians who have entirely passed them over; and although, strictly speaking, Mons. Broussais can by no means be considered to have made a discovery, yet he has most widely diffused what was otherwise most partially known. From one end of the continent of Europe to the other has the attention of physicians been called to the morbid appearances in fever, by the exertions, the ardour, and the example of the French physician. To him are undoubtedly owing the completion of the downfall of the doctrines of debility which, powerful in France, had become triumphant in the practice of Italy until the works of Rascori and Tomassini appeared.

Here, however, we must stop: the very spirit which supported M. Broussais in the diffusion of his observations carried him too far, and induced him to hope to establish an entire system of disease on the degrees of lesion of a single structure. Here, then, whilst we admire the talents of the man, and the labours of the physician, we are obliged to regret the intemperance of the enthusiast.

M. Broussais has published no direct work on the subject of injuries of the mucous membranes. Some papers, in a periodical work, and the observations

scattered in his "Revue des Systèmes Medicales," contain his views. Personally, however, he has taught these observations, and demonstrated the lesions of the intestines in fever for several years; and the pupils who have issued from his school have dispersed his opinions, and imitated his example in almost every city in Europe.

At the time that Mons. Broussais was occupied on this subject in France, Dr. Armstrong called the attention of his pupils in this country to the subject, and enforced the great importance of these organic lesions.

Since this period, as I have already noticed, many works have been published, and several lecturers have entered very fully on this subject. During the last four years, Dr. Chambers, physician to St. George's hospital, has been in the habit of pointing out these diseases, and illustrating his excellent and practical lectures with preparations taken from those cases which had proved fatal.

It has been alleged, and at first sight the opinion does not appear improbable, that these ulcerations discovered in the bodies of persons who have died of fever might arise from acrid substances administered throughout the disease, with a view of relieving the febrile symptoms, particularly from large doses of mercury, and frequently repeated purgatives. The habitual use of such remedies in this country renders it difficult to set this question absolutely at rest. The difficulty is removed, however, if we have recourse to the practice of physicians in other countries. In France, the treatment of this class of fevers consists in avoiding purgatives, administering only the milder laxatives, the application of leeches to the abdomen, the use of the mildest demulcents, as decoct. altheæ gum, and the infusions of various herbs perfectly divested of every active property. Here, then, we should expect to find the ulcerations of the glandular structure of the bowels at least much less frequent and severe; but the contrary is the fact, as the most terrible examples of this disease are constantly exhibited by Mons. Broussais to his pupils, where the emollient practice has been the only one enforced.

I shall proceed by stating the symptoms and considering the method of cure in this form of fever, having con-

cluded my sketch of the opinions of former physicians, by which it will be perceived that those who combined observation of symptoms with the appearances after death, were well aware of the existence of this formidable effect of atmospheric miasma, whilst those (and unfortunately they were many) who were satisfied by grouping together symptoms, and explaining them by visionary laws, were ignorant of the destruction of parts which all must allow will go far to explain the severity of fever.

[To be continued.]

BILIARY CALCULI.

To the Editor of the London Medical Gazette.

SIR,

IF the following communication is sufficiently interesting, please to insert it in your very respectable Journal.

I am, Sir,

Your humble servant,

ROBERT SPACKMAN.

Lutterworth, Oct. 20th, 1828.

Dr. Geo. Gregory, in his *Practice of Physic*, 2d edition, p. 489, says, "I have seen a gall-stone, weighing six drachms, pass by stool;" without any other remark upon so extraordinary an event. Sir Everard Home has published, in the *Quarterly Journal of Science and the Arts*, Oct. 1820, an account of a gall-stone which passed from a patient of his, residing at East Bourne: its length was two inches, its diameter three-fourths of an inch, and its weight 239 grains; one extremity was apparently broken, and two or three fragments were voided with it.

Mr. Brayne, in a paper in the *Medico-Chirurgical Transactions*, mentions a biliary calculus which was voided, measuring two inches in its long diameter, and upwards of three inches and a quarter in its widest circumference.

Mr. Dix, of Long Buckby, has published (*vide Medical Gazette*, Vol. I. No. 13,) an account of a gall-stone in his possession, which passed from a patient of his, weighing 278 grains, and measuring one inch and three quarters in length, and three inches and a quarter in circumference.

I have in my possession a gall-stone which passed from a patient of mine a few years ago, after the usual symptoms—viz. much spasmodic pain in the hepatic region, attended with severe vomiting. It measures two inches and a quarter in length, and three inches and a half in its widest circumference; its weight being 278 grains; its shape nearly oval, and a small part of one side shelled off, with one end of it broken; answering, in these respects, to the one described by Sir Everard Home.

Mr. Dix's calculus, according to the figure given of it in your Journal, is broken at one end, the apparently fractured surface being smooth, as if worn by attrition, and bearing some resemblance to an articulating surface. This is also the case with the one I have in my possession, and likewise with the one described by Sir E. Home. That this phenomenon presents itself in most of the specimens of biliary calculus, must, I think, be considered a very curious coincidence, and probably depends on pressure and attrition upon other calculi; for by what means they can become fractured *in situ*, I confess myself at a loss to comprehend.

That biliary calculi occasionally pass by ulceration through the coats of the duodenum, is, I believe, satisfactorily proved by the dissection of Mr. Brayne's case, above alluded to; and Mr. Abernethy is of opinion that very large biliary calculi may pass by ulceration into the arch of the colon (vide *Lancet*, vol. xi. p. 597); but that they may, as Dr. James Johnson conceives (see *Medico-Chir. Review*, Mar. 1824), form in the duodenum, is much more difficult to imagine; nor does it appear a plausible theory that bile should concrete in such a situation.

If the above statement should meet the eye of Dr. Geo. Gregory, perhaps he will favour the medical world with a more particular account of the calculus he mentions, which *passed by stool*, as it far exceeds in size any other I can find upon record.

SUPPURATION OF THE BRAIN.

To the Editor of the London Medical Gazette.

SIR,

DEEMING the pages of your widely circulated Journal a proper channel for

the diffusion of intelligence which might interest readers, or have a tendency to benefit mankind, I have been induced to transmit the following brief outlines of a case.—I am, Sir,

Yours, &c.

S. COOPER.

Darley Dale, Derbyshire,
Oct. 15th, 1828.

In the month of August last I was called to see a young man, æt. 20, labouring under the following symptoms. He complained of intense pain in the head, particularly over the eyes. This pain, I was informed, had been present during the greater part of the previous month. His tongue was coated with a thick brown fur; pulse 90, full; bowels costive; his speech was faltering, the pupils of his eyes dilated, and his vision much impaired. He was, as to mind, perfectly sane. He looked pale and dejected. He was generally seen resting his head upon his hand. I directed a saline aperient, with a dose of calomel, and abstracted 3x. of blood from his arm. He expressed himself much relieved. After two days these symptoms, however, returned with redoubled violence, and resisted all plans of treatment—as blisters, venesection, application of cold to the head, &c. His voice entirely failed. He was quite rational, and when I questioned him he always pointed to his forehead. Loss of vision; eye apparently sound, but pupil very much dilated: these symptoms I observed on the 5th of September. He remained much in the same state until the 12th. He had several rigors this day, and also a slight attack of hemiplegia, affecting the left side.

Sept. 14th.—Attacks of paralysis frequent; total loss of sensibility generally.

Sept. 15th.—Expired early this morning, during an attack of paralysis. I obtained permission to examine his brain, which presented the following appearances:—

The dura mater was exceedingly vascular; the anterior lobes of the brain were very much destroyed by suppuration: those parts of these lobes to which phrenologists assign the organ of language (a phrenologist present pointed the situations out) were completely destroyed. The middle and posterior lobes of the right hemisphere also presented a series of small abscesses. Other parts were natural.

Venesection was carried on in the commencement of the disease to as great an extent as was thought practicable. Upon this case I shall offer no comments: I have merely stated "plain facts."

ON THE CHIRAYITA.

To the Editors of the London Medical Gazette.

GENTLEMEN,

It has long been a matter of surprise to me that the herb chirayita, which has been held, from time immemorial, in great estimation by the natives of Bengal and the European residents, especially the medical officers, as a very efficacious deobstruent and stomachic medicine, should not have been introduced into the practice of this country; especially as a variety of dyspepsia, for which it is considered a specific (accompanied with, and probably dependent on sluggishness, or an overloaded state of the liver), is as prevalent in this country as in the East Indies. It is said the effects of the chirayita are not confined, like the stomachic in general use, to the stomach, but extend to the abdominal viscera, particularly the liver, which it deterges, or (as Dr. Currie observes) emulges; and this I believe to be the case, for I have observed the fæces during its use to be well charged with bile, and the complexion to become clear. Although not aperient, it evidently prevents an accumulation of fæces in the lower portion of the intestinal canal, and at the same time promotes digestion. The medicinal virtues of this herb are imparted to boiling water, and the infusion, when properly made, is a very grateful bitter; but the natives prefer the decoction, made by gently boiling half an ounce of the dried cut herb in a pint of water for about fifteen or twenty minutes. Of this decoction they take a small wine-glassful two or three times a-day. The extract, which also contains the virtues of the herb in great perfection, is taken in form of pills. It is likewise given by the Indian practitioners in cases of pulmonary consumption and scrofula; but of its effects in the former malady I cannot speak from experience, but in the latter malady I have frequently witnessed its salutary in-

fluence. Dr. Fleming, late of Bengal, speaks highly of the chirayita as a tonic medicine. Dr. James Johnson, in his work on Tropical Diseases, also gives it a high character; and Mr. Addison, the author of the Treatise on the Malvern Waters, says that, from the very beneficial effects had on himself, it is a valuable addition to the class of stomachic medicines.

I am, Gentlemen,
Your very obedient servant,
THOMAS BAKER.

Stamford-Street, Blackfriars,
Oct. 20th, 1828.

TEST OF PRUSSIC ACID.—DR. TURNER'S REPLY TO DR. GRANVILLE.

To the Editor of the London Medical Gazette.

SIR,

THE last Number of the London Medical Gazette contains a comment on my essay on the Tests of Prussic Acid, by Dr. Granville, whose remarks imply the accusation that I have assumed to myself the honour of a discovery which properly belongs to him. As I would not willingly defraud Dr. Granville, or any one else, of his just reputation, and cannot on the present occasion plead guilty even of unintentional injustice, I hope you will do me the favour to insert the following vindication.

Whoever takes the trouble of perusing the essay alluded to, will perceive that my object was not to treat fully of all the steps required for the detection of prussic acid in cases of poisoning; but simply to point out a chemical error into which M. Lassaigne, in his essay on that subject, has inadvertently fallen. This mistake I deemed of sufficient importance to deserve notice, because the essay containing it, being in other respects judicious, having received a favourable report from two French chemists of eminence, and having been inserted in British journals of the highest respectability, was likely to be taken as a guide by medical practitioners. My chief purpose, accordingly, was to shew that the persulphate of iron, recommended by M. Lassaigne, is not a proper test of prussic acid. I stated that the precipitated pure peroxide of iron does not yield Prussian blue with prussic acid; that the presence of

protoxide of iron is necessary to the production of that pigment; and that *protosulphate* of iron, or the common green vitriol of commerce, is the only test which the medical jurist need employ in his researches concerning this poison, and on which he may rely with confidence. In making this statement, however, I did not assume the honour of a discovery. The truth is, neither Dr. Granville nor myself have any claim to the merit of first employing or describing *protosulphate* of iron as a test of prussic acid. That the celebrated discoverer of prussic acid was himself the person who made known its appropriate test, is a fact which I believed so well known to chemists that it did not even occur to me to make any allusion to the subject. In my elementary treatise, however, intended for students of chemistry, I thought it necessary to be more particular; and I have accordingly commenced the account of the test in question in these words:—"A test of far greater delicacy, *originally noticed by Scheele*, is the following," &c.—(Elements of Chemistry, 2d edit. p. 361.)

This sentence, I imagine, will fully exonerate me from the suspicion either of being ignorant of the real discoverer or of attempting to deprive another of any honour to which he may be fairly entitled.—I have the honour to be,

Sir,

Your most obedient servant,

EDWARD TURNER.

University of London, Oct. 27, 1828.

clear and scientific view which he gave some years ago of this class of complaints; to him alone must be ascribed the merit of having shewn to what cases the operation by ligature is applicable, and where excision may be practised with safety; and the value of his work consists in the sound and unerring principle upon which it is founded—that of the anatomical structure of the parts concerned. It has often surprised me that, notwithstanding the length of time which has elapsed since the publication of Mr. Copeland's pamphlet, and the eminent success attending his practice, the profession, both in England and on the Continent, appear to be still so little instructed on this subject. In all modern works upon diseases of the rectum, including Messrs. White's, Kirby's, and Calvert's, the treatment of the internal hæmorrhoidal tumor is discussed in a manner that evidently shews those gentlemen to have been unacquainted with the true principles of practice in these cases; and I cannot but repeat my conviction that, if the mode of operating first brought into notice by Mr. Copeland, and which I have followed for some years with the same invariable success, was generally understood and appreciated as it ought to be, we should hear nothing more of the excision of internal hæmorrhoids.—I have the honour to be, Sir,

Yours, &c.

J. BACOT.

South Audley-Street, 28th Oct. 1828.

TREATMENT OF HEMORRHOIDS.

To the Editor of the London Medical Gazette.

SIR,

It has been suggested to me that, in commenting upon M. Dupuytren's mode of treating internal hæmorrhoids, I have expressed myself in a manner calculated to induce a belief that the plan of operating which I have described was the result of my own observation and experience. As such an impression is equally foreign from my intention as it is from the truth, I hasten to offer a few words as an addendum to my paper of last week. It cannot be too generally known that the profession is indebted solely to Mr. Copeland for the

REGULATIONS OF THE APOTHECARIES.

To the Editors of the London Medical Gazette.

GENTLEMEN,

THE explanatory letter of Mr. Watson is so far *satisfactory*, that it prevents all doubts as to the meaning and application of the late regulations; but I question much whether it deserves the same character when regard is had to their intrinsic merits, and especially their adaptation to the wants of the times, and the circumstances of the pupils. Though I perceive from the tenor of your last leading article that you are generally favourable to the spirit and tendency of the new regulations, yet can

I not doubt that the well-tryed liberality of your Journal will give insertion to a few remarks calculated to exhibit the question under a different aspect.

1. With every desire to encourage the quick march of intellect, it appears to me that from young men destined to act as general practitioners throughout this island, (keeping in view the usual circumstances of their parents, and the quantum of profit accruing from their profession), more should not be demanded than an acquaintance with the essential and elementary branches of medical knowledge. Are chemistry and botany to be viewed in this light; and is the new regulation, requiring attendance on two courses of chemistry, reasonable? To me, it appears that chemistry, like botany, is an ornamental, and accessory rather than a necessary and fundamental branch of medical education, and that one course of study in it is amply sufficient. The University of Edinburgh requires only one course of chemistry, (of six months duration), for the degree of physician.

2. The second, and by far the most important objection which I have to offer to the new regulations, respects the order of succession in which the lectures and hospitals are to be attended. This ought assuredly to bear some relation to the kind and degree of information with which a young man comes provided: yet no allowances are made for this in the new mode of regulations. Some regard, also, ought to have been paid to the proper period of the year for pursuing particular studies.

The law, as it applies to young men beginning in October, may be unobjectionable; but what will be its effect on those who come to London in April or May? The principal anatomical teachers, (*and those from whom it is most desirable that the pupil should receive his early impressions*), have then shut up shop. Clinical lectures, too, upon an extended scale, have hitherto been delivered only in the winter and spring seasons. What is the young man to do? He must either give extra fees to one of the summer teachers of anatomy and chemistry, or lose five months of valuable time. If the regulation is to stand as at present, the company ought to limit the commencement of medical instruction to the month of October; a stretch of power, however,

upon which I think they will hardly venture. After careful consideration of the whole subject, it appears to me that it would have been far more advisable to have stated at once, (as in Edinburgh), what classes the pupil is expected to attend, and what length of time must elapse from the commencement of his studies to his examination for the diploma, leaving it to himself to occupy that time in the manner most conducive to his own interests. Some young men do not really require more than one course of materia medica; and very many attend, of their own accord, three, and even four courses of pathology and practice.

3. The last criticism which I shall offer on the code of regulations recently issued may, perhaps, appear trifling. The company are pleased to say, that from the 1st November all certificates must be signed upon printed paper, to be furnished by themselves, except in the case of a University or College. Now, I am anxious to know by what authority the company issue this regulation, and whether, in the event of a teacher declining to make use of their particular form of certificate, they would be legally justified in refusing to his pupil the privilege of an examination. It appears to me that this regulation is disrespectful to the great body of teachers throughout this country; that it is not sanctioned by the act of parliament; that to provincial teachers it will prove very inconvenient; and, in short (to use the language of another objector), "that it is a harassing, overbearing, and uncalled-for exercise of a questionable authority."

Such are the objections which occur to me, *prima facie*, on carefully perusing the recent regulations of the Apothecaries' Company, as explained by Mr. Watson. If they are valid, they will, I am sure, receive attention from the Court of Examiners; if they are not, they may serve the useful purpose of confirming them in their views, and of silencing the voice of opposition by shewing how unreasonable are the objections, and how trifling the cavils of

A DISSATISFIED INQUIRER.

London, Oct. 27, 1828.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Medical Essays on Fever, Inflammation, Rheumatism, Diseases of the Heart, &c. BY JOSEPH BROWN, M.D. of the Royal College of Physicians, &c. &c. Longman and Co. 1828.

DR. BROWN'S Essays will be read with interest: though none of them can be considered as complete treatises upon the subjects to which they are devoted, still they afford much to arrest the attention, and to excite the serious reflection of the practitioner. They may be considered, indeed, as critical commentaries upon most of the modern doctrines and improvements which have been imported from the Continent, or which owe their birth to writers of our own island. In all of them there is evidence of the author having thought for himself: *nullius addictus jurare in verba magistri* would have been no inappropriate motto to his book; and we hope to shew, by our quotations, that some of his remarks are equally acute and important. We shall proceed, therefore, to examine his Essays, *seriatim*, excepting the first, which is termed prefatory, but which, in truth, contains the germs of so much discussion, and glances at so many contested points connected with the present state of medicine—with medical education—with the difficulty of procuring subjects for dissection—the utility of morbid anatomy; and, in short, with so many other matters of high interest, that we fear to dip deeply into it lest we should consume the little space that we are enabled to devote to the more practical matters contained in the subsequent part of the volume. But it would not be fair to rush at once *in medias res* until we have introduced to our readers' notice the Doctor's reasons for publishing this work.

“ An individual, who has been for many years unceasingly occupied in the contemplation of an extensive class of objects, will most probably have discovered some facts regarding them, or some relation subsisting among them, which had escaped the perspicacity of others; and hence, though perhaps of humble powers and pretensions, may

be enabled to contribute his mite to the sum of human knowledge. All medical men, who have been long in extensive practice, are thus circumstanced. The humblest of the order has his benefit to bestow on the public; rarely can we converse with such a man without learning something: perhaps it may be the confirmation of a doubtful opinion, or the correction of an error by his greater experience of a certain order of diseases; for diseases, like plants, have their chosen *habitats*. So far from regarding the fertility of the medical press as an object of censure or sarcasm, I am disposed to make it still more prolific. Whether instances of improper obtrusion on public notice may or may not have occurred, it might seem invidious to say; but I feel convinced that numbers sink into the grave with whom is buried what might have been a valuable legacy to posterity. Indolence or diffidence withholds from the public a great deal that would be of service to it, and to which, perhaps, in strict morality, it has a right. Much of what every man knows must perish with him, for it is incommunicable in print. As a recent instance, with how much greater facility could Laennec have imparted to any one a knowledge of the use of his admirable stethoscope, by personally superintending his study of it, than he can acquire it for himself, aided solely by the published instructions of the inventor. But the greater part of what we learn, amid the toils and anxieties of the most toilsome and anxious of professions, is communicable; and with the present rapid advances of medical science, there is an increasing disposition to its diffusion.”

We find the second Essay headed “Fever,” and it contains a great deal of excellent matter. The peculiar opinions of Broussais are treated of at some length, and refuted, as we think, very ably; the doctrine of malaria also occupies a considerable space, and the other theories of the day are likewise examined and commented upon in a manner that shews our author's perfect acquaintance with the medical literature of the present period. These discussions, however, we must pass over, to afford space for the practical parts of the work: among these the observations on the treatment of fever appear to us extremely judicious, and we subjoin at length those which relate to the

important questions of mercury and purgatives.

“*Mercury.*—It has been a question, whether this mineral cures fever by its full action on the system, or whether the action takes place because the fever subsides. My answer would favour the second of these views. In remittent fever, during the remission, I have frequently observed full ptyalism, which has disappeared during the exacerbation, to be again perceptible on its subsidence. Apply this to continued fever. Mercury is employed, but does not act on the system; the fever abates, and its action becomes manifest. Should relapse occur, the febrile would supersede the mercurial action. I have seen cases in point. To a female ill of continued fever, in whom there were considerable hepatic and gastric symptoms, mercury was very properly administered. The moment she became convalescent, and not till then, the mouth was affected. From an error in diet, relapse took place, and the ptyalism immediately disappeared. By purging for two or three days, she was again restored to convalescence; and again there was perceptible affection of the mouth. As the mineral, then, seems capable of being accumulated in, though it does not act fully on, the system during fever, we should be cautious of the quantity we administer, or inconvenience, and even danger, may ensue from it in convalescence. If I mistake not, the great control exerted by mercury, with or after bleeding, over most of the plegmasiæ, compared with its slight influence in febrile disorders, tends materially to confirm the view that is taken of the distinction between these two orders of diseases.

“If mercury do not cure fever, why do we administer it in that disease? On the same principle that we employ other remedies, to alleviate or subdue certain circumstances connected with the disease, which aggravate its danger, and impede, what in the majority of cases unquestionably exists, its natural tendency to terminate in health, after running a certain course. Though it is impossible during the fever to produce its specific action on the whole system, yet, even at the very height of the disease, it acts powerfully and beneficially on certain organs. To the cathartics ordinarily and very properly employed, calomel is a useful adjunct, especially

at the commencement and height of the disorder—towards the close, if there be much positive debility, its administration for a purgative purpose seems of questionable propriety. Its slower operation in alterative doses, on the biliary secretion, and, perhaps, directly on the mucous surface of the intestines, is beneficial in inflammation and ulceration of that membrane. Where there is much debility in the advanced stage of the disease, the hydrargyrus cum cretâ may be advantageously substituted to answer these indications. The existence of the ulcers we cannot, perhaps, positively ascertain in the living subject; but we may strongly suspect them when pain is elicited in fever by pressure about the umbilicus, or extending thence towards the right ileum. So far as I have observed, they are compatible with both a costive and lax state of the bowels; and should not, in the former case, deter us from the employment of laxatives, nor in either case from the cautious administration of mercury. If diarrhœa exist, the mineral may be advantageously combined with opium. In conclusion, its employment in typhus is highly expedient, both as a purgative and alterative; and is still more imperiously requisite in remittent fever, where the biliary functions are so prominently affected.”

“*Cathartics.*—Though approving of the free evacuation of the bowels at the commencement of fever, and of their being kept in a moderately open state through its whole course, yet have I seen the purging plan carried to an unreasonable extent, and towards the close of the disease with manifest prejudice to the patient. After emptying the intestinal canal at the beginning of the complaint by calomel, combined with colocynth, jalap, or some other active cathartic, it seems sufficient during its progress, along with alterative doses of calomel, to administer castor oil or the neutral salts, when there is any deficiency in the alvine discharges; unless the bowels are not found amenable to these mild measures, when colocynth, senna, or some active purgative, may be employed. The opinion that sordes accumulated in the bowels are the cause of fever, and purgatives its sole remedy, is just as objectionable as any of those *partial* views which have already been rejected. The alvine secretions are vitiated in common with all others,

and the evacuations are consequently unhealthy. Their retention would aggravate the disease; but we cannot be right in considering that as the cause of it, which is only one of very many effects. Dr. Hamilton's work did much good on its first appearance; but like all books of which the views are too limited, which take a part for the whole, it has done some harm too. It was caught at with avidity by a certain class of men (who, it is but justice to Dr. H. to say, have not always made a correct application of his precepts), on account of the wonderful simplicity of the practice it inculcates, which saved them the trouble of thinking,—an irksome task to some. There is one opinion expressed in the work, which I have heard often repeated with considerable emphasis, and seen acted upon with more faith than prudence, of which I very much question the accuracy. It is, that emptying the bowels can no more occasion debility than emptying the bladder. In the first place, it is not very easy to empty the bowels entirely, without increasing secretion from their mucous surface, and consequently diminishing the quantity of the circulating fluids. And, moreover, should our purgatives prove so strictly eccoprotic as to bring away nothing but what previously existed in the intestines, yet may the withdrawing of a considerable bulk from within the abdomen alter, like the operation of paracentesis, the state of the circulation there, so as to induce a degree of weakness and faintness with local tenderness. We all of us know the paleness of face, and the feeling of debility, produced by the operation of a moderate dose of physic, and the daily repetition of even such a dose for three weeks or a month cannot be proper in every case. The employment of purgatives in fever requires, I am convinced, more care than is always shown; but with tolerable prudence on the part of the medical man, they are valuable, nay, indispensable medicines."

One little remark upon the sulphate of quinine is so in accordance with our own experience that we cannot refrain from noticing it. After giving due praise to this valuable remedy, Dr. Brown observes—"But as far as my experience extends, and it has not been inconsiderable, it does not appear to be a remedy for any stage of fevers *actually existing*, whether remittent or continued.

It is a powerful tonic, and I think possesses more stimulant power than most people attribute to it. It seems suitable only to a strictly apyretic state of the system."

From the third essay on inflammation we shall make but one extract. On the employment of mercury in this extensive class of diseases, our author observes—

"In all scrophulous inflammations, wherever situated, I should think any thing like its full action exceedingly improper. Though distrusting very much the exclusive chylopoietic hypothesis of scrophula, I should not see an objection to the correction of occasional biliary derangement, either in this or any case, by a few mild alterative doses, nor to its employment now and then as a purgative, if required. My objection, in tubercular and scrophulous inflammation, is to any attempt at cure by acting generally on the system.

"Though a state of high excitement precludes altogether the action of mercury on the frame, yet is there required a certain degree at least of tone, if not of excitement, to support this action. I should think its judicious employment inconsistent in any case with a state of positive debility."

With respect to the administration of opium the Dr. does not greatly differ from Dr. Armstrong; but he lays great stress upon the advantages to be derived from digitalis in the intense stage of inflammation, in which we cannot agree with him.

In the fourth essay, on Rheumatism, we observe some remarks on the metastasis of the disease to internal organs, more especially to the pericardium and heart. The following opinions are in keeping with our own experience.

"We cannot attempt to cure rheumatism by bleeding and other evacuants without imminent risk of causing metastasis (perhaps fatal) of the disease to an important internal organ, most commonly to the heart, its investing membrane, or both. It is true that we may treat the disease as cautiously as possible—however prudent we may be in the employment of evacuants, or should we abstain from them altogether—yet will its tendency to affect the heart be frequently found very decided; but I must say, that all the cases of speedy fatality that I have observed, have occurred after copious depletion."

Dr. Brown next enters into a consideration of the cause of metastasis taking place to the heart and its investing membrane; and he appears to agree with Dr. Goodman in viewing the pericardium as a continuous portion of the fibrous texture, which is the seat of external rheumatism.

The remaining essays are upon diseases of the heart, ischuria renalis, and stricture of the sigmoid flexure of the colon. They contain much that is highly interesting, but they are more mixed up with cases illustrative of the several affections, and are, therefore, not capable of being condensed with advantage into the small compass of a review. We trust, that in calling our readers' attention to this work, we have done enough to excite their curiosity, and to shew them that the volume is well worth an attentive perusal.

MEDICAL GAZETTE.

Saturday, November 1, 1828.

"Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

EVIDENCE OF SURGEONS IN MEDICAL CASES.

IN our last Number we gave a report of an important, and in some respects very curious trial, which took place in the Court of King's Bench on Tuesday, October 21. Instructed by the details which were then brought to light, insurance companies will learn to use great circumspection in granting policies to persons residing abroad. Those who insure their lives will see the necessity of disclosing all the circumstances connected with their health which it concerns the insurers to know; and medical men will be impressed with the importance of strict fidelity in the statements which they make and the opinions which they advance,—even as regards

the interests of those whom they might hope to serve by concealment.

These, however, are inferences which must suggest themselves to every one who peruses the report in question; and it is not for the purpose of enlarging upon circumstances so obvious that we now address ourselves to the readers of the Gazette, but to point out what appears to us a radical mistake with regard to the evidence usually had recourse to in courts of justice when subjects of this nature are discussed. The general opinion, and that which obviously guides the lawyers in their selection of witnesses in all cases where an examination after death has taken place, or where any anatomical question is involved, is, that surgeons alone are capable of affording the requisite information.

This idea has originated partly in professional assumption, and partly in popular ignorance.

In this country, anatomy is much more frequently taught by surgeons than by physicians; and it is natural for men who have been devoted to a particular pursuit to persuade themselves, and to try to persuade others, that the department of science which they happen to have cultivated is of all others the most important. Now, most of our great surgeons have been teachers of anatomy, and hence the whole weight of their authority has tended to depress the other branches of medical knowledge, as compared to this: so much so, indeed, that we have heard of an eminent lecturer having asserted in his class-room, that if the pupil learned anatomy well he need scarcely learn any thing else. But we must protest against this dogma, and against the general principle which attaches an undue importance to this or any other individual branch of so extensive a science as medicine. We admit anatomy to be the most useful among the

auxiliaries of the healing art—indeed, to be the ground-work on which all medical knowledge ought to rest: still it is but an auxiliary—it is but a ground-work; and one on which a superstructure may, or may not be raised. These remarks, which have been made with particular reference to natural anatomy, apply with equal force to a knowledge of morbid structures. Yet in the writings of the day, and still more frequently in conversation, we hear an acquaintance with morbid anatomy spoken of as synonymous with pathology, or a knowledge of disease. This is a common mistake, and one in which morbid anatomists themselves very innocently participate: but, as it appears to us, a man may be familiar with all the changes of structure to be met with; he may describe them—paint them—preserve them, and see no farther object in possessing them beyond ornamenting the leaves of his portfolio, or the shelves of his museum; he may, in short, be intimately acquainted with morbid anatomy and yet be ignorant of disease. Those who look upon anatomy, in either of its branches, with reference to itself rather than its application, view preparations as mere objects of natural history, and limit their observations to the physical peculiarities of the specimen before them. But a mere mechanical knowledge of morbid formations is of no avail unless it be associated and connected with the phenomena to which these have given rise in the living body.

We do not expect that any one will plead guilty to the neglect of this,—the only useful application of morbid anatomy; nevertheless, it is an imperfection to which the hospital surgeons is particularly liable. Accustomed from the earliest period of his professional life to watch external diseases, he naturally supposes that a knowledge of them also brings with it an acquaintance with internal maladies. To a certain

extent this is the case, but the extent is very limited. External diseases are the objects of sense,—they can be seen and felt: their actual existence and particular seat can be thus easily determined, and the results to which they give rise are, generally speaking, of an obvious and unambiguous nature. The local disease is the *first* object of attention; the phenomena it produces are *afterwards* marked, and their connexion with the primary affection, for the most part, readily understood. Now, these very circumstances occasion a mode of investigation and reasoning unfavourable to a knowledge of internal diseases. The physician is obliged to proceed by a route just the reverse of what we have described: his attention is first directed to certain effects, and from the presumptive evidence of these he has to form his opinion of the internal changes by which they are produced. The absence, in most cases, of all direct and positive evidence begets a necessity of close attention to all the phenomena of disease; hence the physician, from the onset of his career, is accustomed to watch symptoms; and when, after multiplied experience, he finds these to be accompanied by a change of structure in some internal organ, then, and not till then, he learns to regard them as cause and effect. Now it is obvious, supposing the talents of the two individuals to be the same, that he whose mind has habitually been exercised in tracing effects up to their cause must be better able to estimate the source whence any train of symptoms is derived, than he the current of whose observation has flowed in an opposite direction. Besides, we find that while the works on anatomy, descriptive of relative situation, and of the minute structure of individual organs, have generally emanated from surgeons, those, on the contrary, in which an attempt is made to connect the disorga-

nizations found after death with the symptoms which had occurred during life, have almost exclusively been the product of physicians: witness the works of Baillie, Farre, Hooper, Bright, and Armstrong.

These circumstances, considered in the abstract, would lead us to suppose that the more exclusively any man's attention had been devoted to surgery, the more unfit would he be to decide any question concerning an obscure medical case; and when we come to apply the foregoing remarks to the particular question before us, we find their justice abundantly confirmed.

An individual insures his life, and dies within a short period. Now, the question is,—were there any symptoms which indicated that his life was hazardous? or, was his sudden death an event which could not in any degree have been anticipated? If, at the period the insurance was effected, there were symptoms which led, or ought to have led, to a suspicion of any disease tending to shorten life, as a matter of course, if these had been concealed, the policy was void. But certain circumstances connected with the patient's health *had been kept secret*; and the point for the medical men here to decide was, whether these were of such a nature as to shew that his life was unsafe, or whether they were really as unimportant as the plaintiff wished them to be considered.

Under such circumstances it is customary to lay the written evidence before various professional authorities: an opinion is given, and from this opinion the solicitor knows whom he may venture to bring into court as favourable to his client. In the present instance, Mr. Travers, Mr. Green, Mr. C. Bell, and Dr. Farre, were subpoenaed by the plaintiff;—Sir A. Cooper, Mr. Brodie, Dr. Clutterbuck, and, we believe, Dr. Roget, for the defendant. Of these gentlemen, Mr. Green alone was examined; and although the others on

the same side are not implicated in his individual answers, still it is not unfair to suppose that their general view of the question was analogous.

With regard to the opinions of Mr. Green, however, there can be no doubt—they are matter of history; on them we have a right to argue as on recorded facts: and we earnestly hope, that, should what we now write meet the eye of that gentleman, he will not attribute the freedom of our comments to any want of respect towards himself, or as derogating from the high consideration to which he is entitled as a skilful surgeon and accomplished man.

When the Duke of Saxe Gotha died, a tumor of extraordinary dimensions was found on the surface of the brain; but Mr. Green did not think it connected with his complaints, “because it is the nature of organic affections like that to produce symptoms which continue to increase;” and again, in allusion to the spasms, “the attacks gradually diminishing, and ultimately ceasing, would confirm me in my opinion that they did not proceed from the brain.” These answers are evidently founded on the idea that, where an organic disease exists, and has once excited symptoms, it must continue to do so; or, in other words, that the cause being permanent, must produce a permanent effect. This, however, is a mistake with regard to organic diseases in general, and with regard to none more strikingly than those of the head. Epilepsy is a disease remarkable, not merely for its intermissions, but for the entire freedom from all complaint which frequently takes place in the intervals: yet, in nineteen out of twenty such cases recorded by the Wenzels, there was organic disease of the encephalon. That organic diseases which are slowly but surely conducting the individual to his grave, not only do not invariably produce symptoms which continue to increase progressively, but

frequently have intervals, during which the patient enjoys a respite from his sufferings, is a fact so well known to all who have paid attention to such cases that we conceive it unnecessary to dwell upon the subject; but should occasion require, we are prepared to combat the validity of Mr. Green's position, by a reference to the records of medicine.

The loss of speech was one of the symptoms most difficult to reconcile with the absence of disease of the brain, and we were prepared to hear it attributed to local pressure upon the nerves supplying the tongue—as we see partial paralysis of the face resulting from swelling of the parotid gland. But not so: Mr. Green thought it depended more upon “the mind than the tongue.” “I am inclined (says he) to ascribe it to a want of volition.” This, taken by itself, appears merely a piece of refinement, in which probably few would concur; but it becomes of more importance when we couple it with the answer to another question. Being asked if he regarded the account of the Duke's state of mind as shewing that he had been “imbecile, idiotic, or deranged,” he replies—“Quite the reverse.” How is this answer to be reconciled with the idea which refers the loss of speech to absence of volition? Does Mr. Green think that a prince, surrounded by his court, and going constantly into society, *chooses* to have a growing difficulty of articulation, and ultimately to remain speechless for two years, without incurring even a suspicion of being “imbecile, insane, or idiotic?”

Being reminded of the various symptoms which the defendants held to indicate disease of the head, he acknowledges that they would lead to a *suspicion* of mischief there. But on being further asked, if the patient died, and a tumor and water were found within the skull, whether this would confirm his suspicion of such disease of the

brain having been the cause of the symptoms, he declines giving a direct answer! So far as we understand Mr. Green, he meant to imply that pressure on the brain, sufficient to have caused loss of speech, would also have produced other symptoms. Now we submit, first, that it did produce other symptoms—namely, mental imbecility and bodily indolence approaching to lethargy; and, secondly, that the absence of other symptoms would by no means have proved that the loss of speech did not depend upon disease of the brain. Gradually increasing difficulty in the articulation is occasionally the only symptom which has marked the approach of a paralytic seizure; and, unless it proceeds from some obvious cause, may always be looked upon as pointing to this termination.

But, refusing to acknowledge this view of the case, Mr. Green was next pressed for his own explanation of the cause of death; upon which he suggested (for he did not state it confidently) that the catarrhal discharge being suppressed, might, by “metastasis,” have been transferred to the brain, producing “sudden” effusion there, and thus causing the symptoms which ended in the patient's death. But setting aside the circumstance that there is no proof of any such cessation of the catarrh as to warrant the conjecture of metastasis, we would remark that the apoplectic seizure was sudden, and proved fatal within a few hours. It is not, however, in such cases that we find large quantities of fluid effused: indeed, *cæteris paribus*, the more speedily death follows the attack the smaller the proportion of fluid that is found. But here the quantity amounted to ten ounces; and that this should have been *suddenly* poured out, into a shut and unyielded globe like the cranium, we hold to be a *physical impossibility*, and refer, in confirmation of our assertion, to the

experiments of Dr. Kellie, of Leith, and to the illustration of the late Dr. Munro, of Edinburgh, who used to fill a hollow glass ball with water, and demonstrate to his pupils the impossibility of forcing more into it except by the removal of a corresponding quantity. A much simpler and more probable explanation of the Duke's death is, to suppose that the frequent and violent fits of coughing to which he was subject, especially during the three days preceding his dissolution, had proved a greater interruption to the circulation through the brain than it could bear in its already diseased state, and had thus given rise to the apoplectic attack which proved fatal.

We have stated that Mr. Green, when pressed for an opinion as to the influence of the catarrhal affection upon the brain, did not advance the explanation to which we have objected with any degree of confidence, but admitted that they were cases which did not frequently fall under his observation. This was the candid admission of an honourable man; but at the same time it was an indirect acknowledgment that the subject for which he had been called into court was one which did not lie within the scope of his professional inquiries—one (if we may venture to say so) which he did not fully understand. We care not for the nominal distinctions between physicians and surgeons, but we feel convinced that there are very few, who have had any considerable share of medical practice, who would not have given more satisfactory evidence in such a case; and who would not have regarded the spasms of the limbs, the corporeal lethargy, the mental imbecility, the growing difficulty of speech, and its final loss, as one continuous train of phenomena clearly pointing to the head during life, and satisfactorily explained by the appearances after death. It is true, as we have stated, that some of the surgeons were

opposed to Mr. Green—perhaps none of them would have entirely coincided with him: but this does not affect the correctness of our general position, that those gentlemen whose professional reputation rests upon their pre-eminence in *surgery* were not the fittest persons to call in such a case. Who attended the Duke abroad?—Physicians. Who would have attended him here?—Physicians. Whose certificates were produced in court?—Those of physicians. Whose certificates are, in such cases, required by the Insurance Companies in this country?—Those of physicians. Is it, then, consistent or wise to call surgeons into a court of law to decide that, after death, concerning which their opinions are not required during life? That this should be the case, proves how strongly the public are impressed with the belief that, where the body has been opened, surgeons alone can know any thing about the matter. This is a mistake, and it is time the lawyers knew it: indeed the present case will go far to open their eyes upon the subject, and Mr. Brougham especially will see how much he was deceived, as his very first witness unsuited him.

We will not for a moment suppose that the surgeons can mistake our object, or look upon these remarks as uncourteous. We know well that there are among them men of the most comprehensive minds, who bring the results of their philosophical researches to bear on practical purposes; nor shall we venture to limit the extent to which some intellects may be capable of embracing the vast subject of human disease. Our position is simply this—that, *ceteris paribus*, those who see most medical cases are best qualified to judge of such cases; that it is impossible for those who have attained great celebrity as surgeons to command the time, and enjoy the opportunities, required for a different branch of science; that it is unjust to expect them to give evidence

concerning matters “not frequently falling under their observation;” and, lastly, that it is equally for the credit of the profession, and the interests of the public, that in all medico-legal questions the authorities should be adduced of those most conversant with the particular subject—be they physicians, surgeons, or apothecaries.

THE NE PLUS ULTRA.

MANY of our readers must know the old story of the two patent corkscrews. One manufacturer of that article, confident in his skill, gave to his invention the astounding title of the *Ne plus ultra*; but a rival, improving upon his neighbour, brought out the *Preterpluperfect*, and the *Ne plus ultra* became an unmarketable commodity; so that the inventor was fain to distribute it gratuitously. Now we have a little piece of Lancet history to unfold, which so far beats out of the field all the former efforts of that Journal, and which, in other respects, indicates so great a resemblance to the fate of the first corkscrew, that we propose to change its name from the *Invaluable* to the *Ne plus ultra*. In this brief history are included specimens of its finest attributes; of all that has procured for the Lancet its present character in the profession. There shall we see, fully displayed, the priority of its intelligence, the accuracy of its information, its ardent devotion to the cause of the pupils, its liberality towards contemporaries, and, above all, its openness, candour, and plain-dealing. Who has ever doubted that the Lancet possessed all these qualifications, let him read what follows:—

On the 25th Sept. 1828, the Apothecaries' Company issued a set of regulations, for the guidance of pupils, of the utmost importance; altering, adding to, and, as we hold, amending those already in force. Many of the new regulations affected most deeply the interests of the rising generation: they

were published by us on the 3d of October, and attracted, in no small degree, the attention of the medical world. No allusion to them, however, is to be found in the Lancet until one month after their date, and three weeks after they were to be had in the shops, and had been read in the columns of this Journal: nor would they have appeared then had not Mr. Thomas Wakley been stimulated to this energetic effort by “the request of several country correspondents,” who, apparently, were better informed of what is passing in London than the aforesaid enlightened Editor, residing, as we are told, in or near to Bedford-Square. So much for his zeal in the cause of the pupils.

Next approach we the claim to priority of intelligence. Appended to these regulations is the following notice:—“We printed these detestable regulations in No. 214.” That is, *fifty-four weeks before they were written, and fifty-five weeks before they were issued to the world.* Bravo! Mr. Thomas Wakley!!

Let the reader fancy to himself Wakley sitting at breakfast last Friday morning, congratulating himself on the happy device above mentioned for establishing his claim to early information, when all at once he casts his eye on an advertisement in the Times, announcing that the Medical Gazette of that day was to contain a letter from Mr. Watson, on the subject of these very regulations. He drops the paper in consternation:—he rushes out, muttering the words “anticipated!—Hags!—Excrescence!”—he clears the ground with rapid strides till he arrives at the printing-office. In a moment the whole is in a bustle; a dozen compositors are at work, and within an hour all hands are busy thrusting a little bill, wet from the press, into every copy of the Lancet.

This document is too precious to be lost: it is a beautiful sample of elegant

diction, and of tender care for the minds and purses of the pupils:—

“The letter of WATSON, the Secretary to the Old Hags of Rhubarb Hall, in explanation of the last regulations, will be delivered to medical pupils, *gratis*, at the Lancet Office, Strand, and at all the Medical Booksellers, by Five o’Clock this Afternoon.—Friday, October 24.”

Observe, gentle reader, *gratis*! He would not by any means have his readers obliged to purchase the Gazette for any information they might want, lest, perhaps—but no, we attribute improper motives to no man, it was merely zeal—pure disinterested zeal.

We shall not attempt to describe the agony of “hope deferred” till the boy, who had been dispatched to watch for the first appearance of the Gazette, at length arrived, all breathless and faint with running.

“The letter of WATSON” (so called, we presume, by way of instilling into the minds of youth a respect for official dignity) is instantly shorn of its introduction,—is prefaced by the following piece of exquisite satire, and printed off on slips of paper, with which the renowned editor issues forth at dark, followed by a whole legion of *devils*, to distribute over the town.

“THE OLD HAGS OF RHUBARB HALL.

“The mercenary, filthy, and stupid old hags of Apothecaries’ Hall, who require from the unfortunate and humbugged student a display of a ‘*competent*’ knowledge’ of the Latin Language, have just issued the following document, with a view to *explain* the *meaning* of about the *twentieth* edition of their ‘Regulations.’

“The great injustice and cruelty of these exactions towards the great body of medical students will be fully exposed in the next Number of the Lancet, in addition to which it will be

proved that these infamous ‘Regulations’ are ILLEGAL.”

But we now approach the masterpiece of editorial policy. Mr. Watson’s letter was addressed to us, and was headed, as our readers will recollect, by a polite allusion to our Correspondent “An Inquirer.” How to get over this, so as to avoid the hated name of Medical Gazette, became the question. Why, leave out that paragraph altogether, and make it appear as if it was a document issued by the Company. Excellent thought! The paragraph was cut out, and the printer set to work: but, unfortunately, in his hurry (and the best of us may make slips at times) he forgot one thing, and so, at the bottom of the apparently official “document,” we find,

“*I have the honour to be, GENTLEMEN, your obedient servant.*”

This was no doubt very unfortunate, and still more provoking that we should find it out. The best thing, however, that Wakley can do, after all, is to put a good face upon it next week, and assure his readers that the GENTLEMEN here alluded to were the gentlemen of the press, or the gentlemen of the long robe, or (if he thinks it not too great a misnomer) the *gentlemen* of the Lancet—or any gentlemen rather than those whom he has lately described as “wearying and disgusting the profession.” Of the Gazette he was at the same time pleased to say (in that happy strain which distinguishes all his writings), “the thing still exists.” It does, and one great aim of its existence has been already gained. Even were it to expire to-morrow (of which, however, we cannot flatter the Lancet by saying there is any chance), it has not lived in vain, if it has exposed to the naked glare of day the arts—the low, cunning, despicable arts—by which the Lancet first rose, and still struggles to uphold itself.

Now, reader, if you have had patience to go through this detail, pause a moment, and reflect: and thou, Mr. Thomas Wakley, self-elected champion of a whole profession, let not thine ardour hereafter lead thee into such hazardous exertions—let not thy generous zeal induce thee to circulate *gratuitously*, on Saturday, what the Gazette has given the day before; do not hereafter publish regulations before they have been made; and, above all, in thy literary thefts, when thou dost expunge the commencement of a paper, to hide the source from whence thou stolest it, leave not the ending to betray thee. Look upon the figure you have cut on this occasion, and, if shame constitute a part of thine ingenuous nature—blush.

WAR IN SLOANE-STREET.

THOSE who have their eyes intently fixed on the contest between the Russians and Turks at Shumla, may not be aware that a warfare, at least as fierce, rages nearer home. The belligerents have taken their station in Sloane-Street; and, declining the use of fire-arms, are at present mutually bombarding the place with manifestoes: throwing squibs and fire-brands into the houses; and using other means of annoyance to the inhabitants of the neighbourhood. We earnestly recommend the parties to avail themselves of the mediation of some neutral power. Their present mode of warfare must be as ruinous to their own exchequers as it is harassing to the natives of the disputed territory.

COOPER *versus* WAKLEY.

THIS trial has been postponed at the instance of Mr. Wakley, who swore that he could not safely go into court, being unable to procure the names of certain witnesses. It appears that it requires longer time to *justify* a libel than to write one.

HOSPITAL REPORTS.

GLASGOW ROYAL INFIRMARY.

Fracture of Cranium—Operation.

DANIEL MACLEOD, aged 11. About 4 o'clock, P.M. while working inside the boiler of a steam-engine, one of the rivets used in fastening the parts of the boiler together was driven violently through by the blow of a hammer from one of the workmen, and struck his head. He was rendered insensible for some time, and lost a considerable quantity of blood from a wound of the scalp, an inch and a half in length, over the occipital angle of the right parietal bone. He was brought to the hospital two hours after the accident, and admitted under the care of Dr. Mac-lachlan.

On raising the detached portion of scalp a fracture was brought to view, in diameter three-fourths of an inch, and depressed obliquely nearly half an inch. He laboured under some stupor, but was quite sensible. Pulse 84, of moderate strength; motions of limbs unaffected.

Sumat statim Calomel, ℥j.

2d day.—Had a quiet night. This morning, pulse being 110, was bled to 3x. Blood slightly buffed. Complains of no pain. Pupils natural, but says near objects appear as if at a distance. Since morning pulse has risen to 120, of moderate strength. Skin rather warm; thirst; retching when he raises his head from pillow; one stool by injection.

Rep. Venæsectio. Applic. frigid. Capiti.
Rep. enema vespere.

3d day.—Was bled again last night to 3x. Had two stools by enema. Sleeps almost constantly, but is easily roused. Pulse 108. Breathing easy; tongue slightly furred; wound of scalp nearly all united, and looks healthy.

Capiat statim Calomelanos, gr. vi. et rep. enema vesp.

4th day.—Passed a good night. Countenance slightly flushed; pulse 90; skin rather warm; tongue red and dry; several stools. On the 6th day he complained of pain in front of right ear, and on the 7th of pain in the vicinity of fracture, but in other respects was well. Pulse 80. Towards the evening, however, he began to dose, and on the 8th is reported as having

remained almost constantly in a torpid state. He vomited after taking breakfast, and could be brought to answer questions with difficulty. Respiration easy; pulse 65; skin natural; pupils slightly dilated, and sluggish. A consultation advised immediate elevation of the depressed portion of bone.

A triangular incision was made in the scalp, and a piece of bone, nearly an inch square, was found depressed in the most prominent part of right parietal bone. This depressed piece of bone seemed to have yielded at the centre, as it was found divided into three or four parts, the fractures running from the centre to the circumference, and thus forming several triangular pieces, the acute angles of which were pressed directly down upon the brain. Two applications of the trephine were necessary before the pieces of bone could be raised. The internal table was found more depressed than the external, having wounded the dura mater at several points. The brain also had been wounded by the spicula, small portions of it being observed floating in the blood. The depressed brain and membranes rose to their natural situation; the boy immediately seemed more lively, his pupils became active, and his pulse rose from 65 to 96. With the exception of a pretty smart feverish attack about a week afterwards, the boy did well; and exactly a month after the accident he was dismissed cured, the wound being healed and the pulsations under it scarcely perceptible. He has since come to shew himself in perfect health.

Lithotomy.—On the 27th August the operation of lithotomy was performed by Dr. MacLachlan, on a boy of four years of age. He had laboured under symptoms of stone for two years. The operation was performed in the lateral manner, with the curved staff and straight bistoury. Some delay was occasioned by the staff and bistoury not fitting each other exactly, but the operation was completed in three minutes and twenty seconds. The stone weighed 3ij. A small thermometer was introduced into the bladder, at the request of a learned professor, and rose to 99°, but one can scarcely rely on its accuracy. The boy had no bad symptom. The urine passed by urethra ten days after the operation, and in less than three weeks he left the house perfectly well.

GLASGOW EYE INFIRMARY.

Medullary Tumor — Extirpation of Eyeball.

J. B. æt. 50. Five years ago, immediately after cessation of menses, she was attacked by severe head-ache, confined chiefly to the right side. Shortly afterwards she had severe inflammation of right eye, which, from the description she gives of it, seems to have been rheumatic ophthalmia. At this time she lost the sight of right eye, and the winter following had a renewed attack of pain and inflammation, which have never since entirely left her, but seven months ago became more severe than formerly, darting through the head, preventing sleep, and occasionally accompanied by fits of hysteria. Rather less than three months ago a blueish white tumor, about the size of a hempseed, was observed projecting from the surface of the eyeball, between the nasal margin of the cornea and the caruncula lachrymalis. It is now the size of a hazel-nut, has an elastic cartilaginous feeling, is of a conical shape, and projects between the eye-lids half an inch from the ball. There is a similar tumor about the size of a small pea, at lower margin of cornea, of seven weeks duration. A number of varicose vessels, of a bright red colour, are scattered on the tumors, and anastomose around the edge of the cornea. The cornea is semi-transparent, and the remains of the lens are visible through it. Has constant head-ache. Pulse natural. Tongue foul. Bowels costive. Has used leeches to the temple and blisters to the neck.

Mr. Mackenzie, in consultation with Mr. Rainy, determined to remove the eye.

Having introduced a thread with the curved needle through the globe of the eye, in order to fix it, he began by disjoining the commissure of the palpebræ at the external canthus. He made the incision through the conjunctiva with the straight scalpel, beginning at the lower lid, and completed the operation with the curved scissors in about two minutes.

The sclerotic coat was found healthy; the optic nerve reddened, and loose in its sheath; the choroid was entirely absorbed, and a very little of the lens and its capsule remained. The eyeball was filled by a medullary tumor, of a

texture firmer than is usually found in such tumors, taking its origin from the optic nerve. Two or three black spots were observed in it, possibly the remains of the choroid. The woman had no bad symptom, and was dismissed three weeks after admission perfectly well.

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ST. BARTHOLOMEW'S HOSPITAL.

Inflammation of the Subcutaneous Cellular Tissue of the Left Leg treated by a large Incision.

THOMAS MURRIL, æt. 53, was admitted into Rahere's Ward, under the care of Mr. Lawrence, on the 14th of October, having a considerable degree of erysipelatous inflammation, with pain and swelling of the left leg, also inflammation of the absorbents extending up the inner side of the same thigh. He could not put his foot to the ground. He stated that, about two months ago, he bruised his left shin-bone, and the skin having been rubbed off there was formed in its place a small irritable and extremely painful wound, about the size of a sixpence. He applied a poultice to it, but being unable to give his leg that rest which it demanded, he found it became more inflamed, and two days before he came in he first observed some red marks proceeding up the thigh. He was suddenly attacked with cold chills, which remained upon him for some days after, when he lost his appetite, and became constitutionally disturbed.

Ordered to keep cold wet rags to the limb constantly, and to apply 16 leeches directly around the inflamed sore.

15.—The swelling and inflammation had not abated in any part of the limb. Skin hot; tongue covered with a dirty white fur; pulse irritable.

Ordered to have the leeches repeated, and to take Hyd. Sub. gr. iv. Pulv. Jalap. gr. xv. statim. Mist. salina.

16.—Had a restless night. No improvement in the appearance of the limb. Still very much inflamed.

Ordered to have the leeches repeated to 24. Pergat in usu Salinae.

17.—Leg still very painful and red; the redness has not at all subsided. Has not been free from pain since yesterday, when the leeches were applied.

There was a tumid feel about the lower part of the leg, which indicated that suppuration had taken place in the cellular tissue beneath the skin. The limb was very tense and swelled. Mr. Lawrence to-day made an incision down the outside of the leg, to the extent of about six inches. The incision extended down to the fascia; the appearance of the cellular membrane was of a grey colour, and pus was deposited in all directions. In some parts it had a sloughy appearance. The wound bled a little, but not more than to relieve the vessels of the part. A poultice was then applied to the wound.

Ordered to continue the medicine.

18.—The alteration in the appearance of the whole limb was now very manifest: it had lost much of its swelling, and the blush upon the surface was very considerably abated. He was better altogether: he had had a very tolerable night's rest. The tongue was less furred, and the pulse was quiet: wound looked a little sloughy at the bottom.

20.—Wound rapidly improving; the swelling and inflammation had almost entirely subsided. Tongue quite clean; appetite returned; and pulse natural. Sleeps well.

27.—The wound has very nearly healed: his health is quite returned, and there is no pain or swelling left in the limb. He will soon be able to be discharged.

This case does well to add to those which Mr. Lawrence read before the Medico-Chirurgical Society, in elucidation of the advantages of large and free incisions in the treatment of erysipelatous inflammation of the skin and subcutaneous tissue, and the advantage of the treatment here cannot very well be disputed. The question is, whether the limb would have recovered itself so rapidly had there been smaller incisions made: this we should think is not likely. The cases treated in the same manner as this seem to do well in this hospital; nor have we seen those where smaller incisions have been made recover themselves so quickly. Dr. Dobson, of Greenwich Hospital, has been in the habit for many years past of making small punctures, with a common lancet, every where over the surface of inflamed erysipelatous parts. He does not confine himself to the extremities; but if

the face be attacked with erysipelas he has recourse to these small punctures ; which, he says, never fail to be of great service to the patient. It must be confessed that the doctor's treatment in such cases is very successful, for out of many hundreds he is represented as having scarcely lost a single patient.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Saturday, Oct. 25, 1828.

MR. TRAVERS IN THE CHAIR.

AFTER the minutes of the preceding evening had been confirmed, the reading of Mr. Arnott's paper was resumed and concluded : as we promised in our last Number but one, we now subjoin a continuous sketch of the whole.

Pathological Remarks on the Secondary Effects of Inflammation of Veins, by Mr. Arnott †.

Mr. Arnott began by remarking upon the obscurity involving the symptoms attendant upon inflammation of veins, as well as the difficulty of accounting for the formation of matter in distant parts, occasionally following injuries.

In three cases of inflammation of veins which had fallen under his observation, Mr. A. found in one a deposition of pus, without any sign of previous inflammation, under the skin of the forearm on the opposite side ; in another, destructive inflammation of the knee-joint, with pus in the cellular texture of the thigh ; while in none of the three did the inflammation of the vein extend to the heart. These cases led him to examine the opinions advanced by different writers of repute upon this subject, and the doctrines of Mr. Hunter, Mr. Abernethy, Mr. Hodgson, Mr. Travers, Mr. Carmichael, MM. Breschet, Ribes, &c. &c. were severally adverted to ; the result of which examination was, that even those explanations of the phenomena which possess most verisimilitude, rest on uncertain grounds ; a circumstance which Mr. Arnott thinks attributable rather to the subject not having received sufficient consideration than to the absence of sufficient data

on which to form correct opinions. In conformity with this view, he proceeded to detail succinctly a number of cases where death had resulted from phlebitis, and drew various conclusions from these. The first was, that there is no evidence of the inflammation of the vein extending to the heart. In ten cases which resulted from venesection, the vena cava was not affected, still less the heart ; and in half of them the inflammation had not even extended to the axillary vein ; and as the cases sometimes prove fatal where but a small portion only is inflamed, it would appear that there is no direct relation between the degree of danger and the extent of vein inflamed.

The next question is, whether the secondary affection depends upon pus entering into the circulation. On referring, for this purpose, to the cases on record, Mr. Arnott found that, in fourteen out of seventeen cases, pus, either alone or with lymph, was found in the vessel after death : in one case only was neither pus nor lymph found. From this, it would appear probable that the entrance of the pus into the circulation is a principal but not the sole cause of the secondary affection. The early appearance of the symptoms, in some cases, is scarcely compatible with the time required for the formation of pus, and therefore it is most likely that, if the secondary effects result from the passage of any fluid into the blood, it is of inflammatory secretions generally, and not of pus alone. According to the observations of Mr. Arnott, the inflammation of the vein usually terminates where some other vessel joins that which is inflamed. He first noticed this in a horse which was affected with phlebitis from bleeding, and in which the inflammation of the jugular suddenly stopped at the point where a small vein entered it. Soon after, in examining the body of a man who had had phlebitis, he found the inflammation of the femoral vein extended along the external iliac, to the point where the internal iliac joined it ; and in a case of inflammation of the left spermatic vein, the diseased appearances extended through the emulgent vein, but ceased abruptly where this entered the cava. Mr. A. went on to shew that facts in confirmation of this general idea had been incidentally mentioned by several of those who have re-

* We have been obliged to postpone the other Hospital Reports, to afford space for the interesting paper of Mr. Arnott.

† Burlington-Street.

corded cases of phlebitis. The author next described the symptoms of phlebitis, and stated the periods at which death took place in a certain number of recorded cases. On examining the bodies of those who die, the following are the appearances which most frequently present themselves:—Effusions into the chest of a sero-purulent character, and the general sequelæ of active inflammation; but especially purulent depositions, either infiltrated or as distinct abscesses. The same appearances occasionally manifest themselves in the cellular substance of different parts of the body, or in some of the parts in the eye; in some instances these phenomena have been found within the cranium. The disease of the joints, in one case which was detailed, consisted of violent inflammation of the synovial membrane, with ulceration of the cartilages and baring of the bones. Mr. Arnott pointed out the great resemblance between the train of symptoms marking the secondary symptoms in phlebitis and those which arise from the inoculation of poisons. There is in both a local affection, which is frequently very inconsiderable; and to this succeeds great constitutional disturbance, followed by inflammation of a peculiar and severe character in different parts of the body. The resemblance, which, in a general point of view, is sufficiently obvious, is nevertheless particularly striking with regard to the phenomena attending wounds received in dissection. There are in both a train of symptoms nearly similar, succeeded by the development of inflammation at distant points, and this also attacking nearly similar parts in both. Mr. Arnott illustrated this by a reference to several cases of death from injury received in dissection.

The fact that purulent matter is sometimes found without any signs of previous inflammation, has been long known, and has been called abscess by metastasis, it having been imagined that the pus was taken up and deposited ready-formed in some other place. Mr. Cheston, in his *Pathological Observations* (1766), particularly alludes to this phenomenon, and expressly says that the matter is rather disseminated through the viscus than collected into an abscess. Mr. Hunter denied the possibility of purulent matter being

translated from one part to another; but it was maintained in Italy by Monteggia, who describes the serous membranes of the great cavities as particularly obnoxious to the action of absorbed matters, which, he adds, also produce abscess in particular viscera, especially the liver and lungs. More recently, attention has been directed to the subject by Mr. Guthrie, Mr. Bell, M. Velpeau, and Mr. Rose. Mr. Arnott argues, that as all the evils above enumerated have been known to follow the puncture, division, or ligature of a vein, it is probable that, when they have succeeded to a more extensive injury, they have still in reality owed their origin to the same cause—namely, inflammation of one or more veins. But to confirm this we ought, on the one hand, to find inflammation of the veins where the consequences alluded to have followed injuries; and, on the other hand, we ought to find similar secondary consequences under circumstances in which it is known that inflammation of veins is a frequent pathological condition—as, after parturition. Mr. A. then proceeded to shew that such was the case. He first detailed four instances in which secondary affections of the viscera occurred after injuries of the extremities, complicated with inflammation of the veins of the wounded limb. In injuries of the head, secondary affections of the viscera of the chest and abdomen have long been observed; and Desault, who has particularly noticed the formation of abscess in the liver under such circumstances, attributed the phenomenon to concussion of the brain—an idea adopted by others, but which was founded merely on conjecture. The author of the paper here referred to thirty-two cases in which affections of the thoracic and abdominal viscera succeeded to injuries of the head. The Secretary did not read these, but proceeded to the general summary, which was, that the injury of the head in these cases consisted, in twenty-two, of fracture, which in all was compound (except one, with regard to which the circumstance is not stated); in ten there was no fracture, but in every instance there was wound of the soft parts. The wound of the soft part was the only circumstance common to all the thirty-two cases. The phenomena attending the formation of these visceral affections were so similar to

those succeeding wounds of other parts, that Mr. A. thinks it fair to attribute them to the same cause.

Mr. Arnott next proceeded to remark, that inflammation of the veins was common after parturition, and quoted several cases to shew that there was visceral affection under such circumstances, although it had not been much attended to. He next adverted to the affection of the joints, and mentioned several cases in which it had been distinctly connected with inflammation of the veins, particularly in a patient who died a short time ago, in Middlesex Hospital, with disease of the left knee and right shoulder joints, and collections of matter over the scapula and sacrum; and in which the author, in consequence of the similarity to other cases, anticipated the existence of inflamed veins, and confirmed his opinion by examining the limb, when he found the femoral vein in a state of inflammation—a preparation of which was exhibited. The author next spoke of a severe affection of the joints as occurring in parturient women, and mentions various authorities in corroboration; detailing at length an interesting case communicated to him by Dr. Lee.

In order to extend the analogy, and endeavouring to draw the connexion between these cases still closer, Mr. Arnott next alluded to the occurrence in the parturient state of a disease of the eye, similar to that which had occurred in two cases of phlebitis—one treated by Mr. Earle, and the other a patient in whom Mr. Wardrop had tied the carotid artery with the effect of obliterating the jugular vein. This disease of the eye after delivery, it will be remembered, was made the subject of a paper published, by Dr. M. Hall and Mr. Higgenbottom, in the Transactions of the Medico Society, about two or three years ago.

The general conclusion at which Mr. Arnott arrived at the termination of his paper was, that the abscesses and inflammations which take place in remote situations, after injuries of the extremities of the head, or after parturition, are dependent upon the existence of phlebitis in the part originally affected. He does not regard the diseased action as one consisting in a mere metastasis, or change of situation in absorbed matter—but that the secondary local affections derive their peculiar characters

from a change induced in the blood by its admixture with the pus or other inflammatory secretions from the vein.

A case communicated by Dr. Sims was then read, in which a horse had hurt his leg: the wound was doing well, but a farrier thought it necessary to bleed him in the jugular. The vein inflamed, and the animal died in some days. On opening the body, the viscera generally were found to be softer than natural; effusion had taken place in the chest, and a considerable portion of the left lung was loaded with an infiltration of matter “like dirty tallow, or adipocere.”

Dr. R. Lee's case of inflammation of the uterine and spermatic veins, following delivery, which had been alluded to in Mr. Arnott's paper, was then read. The symptoms had been those of puerperal fever, and after death the left spermatic and neighbouring veins were found filled with a firm coagulum.

Dr. Burne begged to inquire whether in the cases described in the paper, the patients had laboured under disturbance of the brain and depression of the nervous system.

Mr. Arnott in answer said, that the patients whom he had himself seen had generally low muttering delirium, but that, on being addressed, they were found to be clear and collected: with regard to “depression of the nervous system,” he did not precisely know what meaning to attach to the expression.

Dr. Burne replied, that he meant such symptoms as manifested themselves in adynamic fever.

Mr. A. rejoined, that there was generally great prostration of strength, anxiety of countenance, brown tongue, frequent pulse, and delirium.

Mr. Guthrie said, he would answer Dr. Burne's question:—There were no symptoms analogous to fever; patients dying of inflammation of the veins retained their faculties to the last. He had seen many cases of this nature; lately there had been an instance in Westminster Hospital where the patient retained his appetite to the last, eating beef-steaks: he died perfectly calm and collected: they all did so. It was a mistake to suppose that there must necessarily be pus in the veins in such cases; there was often none. He repeated, that the symptoms were not

analogous to fever; there was a brown tongue and frequent pulse, indeed, but they did not constitute fever.

Dr. Seymour thought Mr. Guthrie too sweeping and exclusive in his statements. He, Dr. S. had seen several cases of inflammation of the veins in which the symptoms were precisely those of fever, and such as frequently arose from a poisoned state of the blood. Sir E. Home had remarked to him that they all had putrid fever.

Mr. Guthrie said that future observers would not say so:—the occurrence of inflammation in parts distant from that primarily affected was very common—as ophthalmia from gonorrhœa; and a similar sympathetic disease took place here without the necessity of supposing that any thing was introduced into the blood. He had lately seen a case in which, after an inconsiderable wound, the patient was affected with symptoms of inflammation of the lungs. These Mr. G. detected where they might not have been perceptible to others: he bled the patient four times within a month, and saved him.

Mr. Arnott said, that if Mr. Guthrie had heard the first part of the paper, he would have found it distinctly stated that he attributed the supervention of the symptoms, not to the presence of pus exclusively, but to “inflammatory secretions,” of any kind, found in the vein. That Mr. Guthrie’s case, of what he regarded as inflammation of the lungs, and cured by bleeding, proved nothing, for the parts had not been examined; besides, he had nowhere said that the secondary effects of phlebitis (granting Mr. G.’s to have been such) might not be cured; and that the fact of ophthalmia, connected with inflammation of urethra, was wholly unconnected with the subject of the paper, in which no attempt was made to explore the wide field of metastasis, but which related merely to the secondary effects of phlebitis.

It was then moved and carried that the discussion be resumed next meeting.

LONDON MEDICAL SOCIETY.

October 27th, 1828.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

MR. SCRIVEN exhibited the appearances, post mortem, of a wound of the abdomen, effected by an individual in a moment of despondency with a carving-knife. The points of interest were, that the liver had been wounded, and that the structures

through which the knife had passed presented a most admirable specimen of the *vis medicatrix naturæ*; proving, that but for some subsequent morbid process, the patient would have recovered from the effects of the wound. The history of the case corroborated this assumption; for every thing went on well after the infliction of the injury for eleven days: the patient then committed some excess in drinking; this was succeeded by enteritic inflammation, which ultimately destroyed life.

In animadverting upon this case, Mr. Ashwell spoke of the improvement in abdominal surgery in general; and referred to the operation of the extirpation of the uterus, successfully practised by Dr. Blundell and others. The subsequent part of the evening was taken up in inquiring into the circumstances which justified this operation, the best mode of performing it, and the dangers to be apprehended in the performance of it. These inquiries were made by Mr. Callaway, with a view to excite the serious consideration of practitioners upon all the bearings of this very important operation, which might not always fall under the conduct of men so eminently qualified to perform it as Dr. Blundell. Mr. Ashwell reviewed the cases in which the operation had been performed by Dr. B., and intimated that he (Mr. A.) should, in a few days, give to the public, by the authority of that gentleman, more ample particulars of these cases. Mr. A. then briefly stated the circumstances justificatory of the operation, and those adverse to it; the latter were, chiefly, the contamination of the structures contiguous to the uterus; *e. g.* the bladder, rectum, &c. In the course of the discussion, it was inquired how the fact of the lumbar glands being involved in the disease could be ascertained.

Mr. Lloyd was of opinion that cases of disease of the cervix uteri, which had hitherto been deemed hopeless, might, by local treatment, be cured; and, in proof of this assertion, adduced a case in which he had applied a solution of the *argentum nitratum*, and also the arsenical wash, with the most satisfactory result. The cervix uteri had been brought into view by the use of Weiss’s speculum vaginae.

NOTICES.

We have not inserted the printed letter signed W. both because it was in circulation before, and because it contained charges, without proof, against the Court of Examiners. The ready admission which we have given to the letters of “An Inquirer” shews that we wish both sides of the question to be heard.

We are very much obliged to Mr. E——n for his letter.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 49.]

SATURDAY, NOVEMBER 8, 1828.

[Vol. II.

OBSERVATIONS ON THE STUDY OF MATERIA MEDICA.

By LEONARD STEUART, M.D.

Physician to the Farringdon Dispensary.

Addressed to Beginners.

MATERIA MEDICA, in its extended sense, means the science comprehending all those agents which contribute to the furtherance of the healing art; but in its more restricted and conventional sense, is used to express that part of our professional studies which treats of the natural history, chemical and mechanical properties, and medicinal qualities, of those drugs, and other articles, which are submitted to pharmaceutical manipulation, and in different ways prepared for the practitioner's use—the raw material, in short, of all our formulæ and prescriptions. To a beginner the long array of powders and essences, (which, as he learns, are possessed of various powers of purging, vomiting, sweating, strengthening, and so on), must appear an irresistible host; and he will naturally consider his first introduction to things of such varied agency as equivalent to all that may yet be to come of experience in their application and management. When he is told, too, that there is hardly one but has, at some time or other, been celebrated for the cure of a range of disorders, and has enjoyed the favour and countenance of some age, or of some one who was the oracle of his time, he will naturally overflow with wonder at the contemplation of such an assemblage of concen-

trated energies. These feelings of admiration will not be lessened if, on looking over one of the public prints, he sees the offers which are daily made of curing a long list of maladies with only *one* panacea; but, by a very easy inference, he will be led to conclude that he at once beholds the characteristic difference between a scientific man and a quack—namely, that the latter is a poor pur-blind individual, who adventures to attack “gout, consumption, rheumatism, gravel, stone, cholic, atony, bile, nerves, vapours, and worms,” all single-handed, with one only weapon, and that, too, not selected from the genuine professional armoury.

But before going farther, we must come to an understanding upon this point, and inquire into the general claims which these drugs have to this pre-eminence, and upon what circumstances the stability or insecurity of their reputation depends.

A patron, said Dr. Johnson in his celebrated letter to Lord Chesterfield, is one who sees unmoved a man struggling in the water; but who, when he gets on shore, encumbers him with help. Now, although this is rather severe, yet it is one of those things that have stuck in people's recollection ever since it was said; and it has been applied more widely than was originally intended. And to exemplify its meaning, in the present case, let us suppose a man, in good health, upon whom you are allowed to try the power of medicines—there is nothing more plain. Mix jalap in his beer, he is purged; give him sulphate of zinc instead of sugar, he vomits; put opium into his night draught, and you have him soon fast asleep; and combine it with am-

monia or ipecacuanha, and he will be in a fine sweat all night. Try, in like manner, diuretics, refrigerants, sialagogues, errhines, &c. &c. and you will find each will maintain its pharmacological character. However, from all this, though it may be very pretty sport, there is unfortunately nothing gained; because the individual is all this time in perfect possession of his faculties, and in a quiet way performing all his functions. But let the same man be brought to you with some mechanical obstruction in the intestinal tube, and then try to purge him; or comatose, from some fall, and see which of the emetics will act. Suppose him deprived of sleep by *tic douloureux*, you will then find how powerless all your narcotics are become: or try, in a case of diabetes, to divert the current by diaphoretics: it will prove no simple matter—but you must put all your learning and ingenuity to the stretch to combine means before the natural functions of the skin are restored. In fact, you will find, almost as soon as you embark on the great deep of clinical experiment, that it is not all plain sailing; but that you have to make your way in the teeth of conflicting circumstances; to steer a pathless course, and to deal with the most treacherous elements. But,

“ All you that would be mariners;
Must bear a valiant heart.”

You must at once understand that this very condition of conjecture and fluctuation is the ocean in which you must of necessity float; and you may be assured, that so long as the living functions are different in nature and principle from other natural phenomena, so long will the deluge of uncertainty overtop the *terra firma* of mathematical demonstration. But, just for a moment, suppose us arrived at the point of discovering remedies which acted directly and absolutely upon all diseases. There would then be no personal agency necessary; no art in adapting means to ends; no patient observation; no gradual exchange of first impressions for mature conclusions. A man at a distance would do as well as another near; the character of our professional duties would be entirely changed.

Are we then to regard all cases as equally complicated, and equally insus-

ceptible of simple treatment? by no means: the instances given of persons in health, and of others suffering under acute disease, are the two extremes of our experience, and common practice lies between them. We have few heroic remedies, as they are called: we have not, on every occasion, an opportunity of casting the die which is to determine between safety and imminent danger; but we are never quite sure that out of any given case such a crisis may not arise; and, besides, when we are the most resolved as to our line of conduct, we must never consider our business ended with our prescription; but, having calculated the probable expediency of the remedy, we must watch its operation, and second its agency.

In warning you against a bigotted attachment to exclusive remedies, and to any single train of thought, I will appeal to the constant difference in the way in which ignorant people regard the circumstances of a case, from what is always suggested to enlightened professional men. The former invariably treasure up the recipe, and scrutinize the drug, as if it were a security for the future; and think, when they hold it, they are in possession of a self-acting talisman; but the latter generally investigate the history and phenomena of the disease, and endeavour to estimate the conditions under which the remedy proved useful. The moral inference, therefore, to be drawn from these different opinions is this—that all medicines, and all therapeutic agents in general, are to be employed in subservience to the laws of physiology and pathology. And we shall find much more consistency in the prevalent opinions of experienced men upon these points, than in the partiality they feel for particular drugs. Take an historical review of the fate of fashionable remedies; look at the prescriptions of different practitioners; or pay a visit to the laboratories of hospitals at home and abroad; you will find the most absurd contrasts, and the most chaotic jumble of remedies. But make the same research into the prevalent doctrines about the laws of health and disease, and you will find with educated men, that although there is much difference in theory among them, yet that certain rules for appreciating and distinguishing the diseases which they treat have an almost universal currency.

I am far, however, from wishing to

include all the articles of the *Materia Medica* under one indiscriminate sentence of dispraise. There are many sorts: some of unquestionable utility in skilful hands; some whose efficacy is apparent only to the faithful; others which act powerfully and directly, as far as their own peculiar qualities are concerned, but which, in a secondary way alone, can be made subservient to our curative purposes. I will dwell a little upon this distinction, for the neglect of it is one of the most fruitful sources of mischief in practical medicine. Mistakes are continually made between the specific action of a drug and its fancied specific power over certain diseases—*i. e.* between the immediate effect produced upon our organs, and the therapeutic result of its use relatively to the disease. “The specific effects of certain medicaments upon our organs are among the most evident and established facts of medicine. Every one knows the particular operation of cantharides upon the bladder and urethra; that of mercury upon the salivary system; the immediate action of emetics on the stomach; of senna and neutral salts, and many other purgatives, upon the small intestines; that of aloes upon the large; that of digitalis upon the secretion of urine, &c. These are all primary results evident and constant, at least in the greater number of persons, or such as it is possible that a vital phenomenon should be produced always in the same manner in a living body; for it is in the variety and the mobility of effects that consists the difference between physiological experiments and purely physical phenomena. So that the possession of specific qualities, considering them as the mode of action of a substance upon this or that organ, is a point in pharmacology established by repeated facts. We speak correctly, then, in talking of the specific action of a remedy upon this or that part; but we must carefully distinguish these affinities, as they may be called, from the secondary and therapeutic agency of remedies upon diseases. In this case our language, as our judgment, is more obscured because the circumstances are more complicated. In the former view, we observe simply the immediate effects of a medicinal agent upon sound organs, or, at least, without interfering with the disease. In the latter case, a third ele-

ment, more or less composite in itself, is added to the combination—and that is the morbid affection. For a long time people regarded diseases as always arising from causes in some measure foreign to the corporeal organization, which were introduced from without, or arose spontaneously, and depended, according to the theories of the day, upon some poison or virus, or depraved humour, or some alkaline or acid development, or contagion; and in all these cases it was necessary to neutralize the primary cause. From this way of thinking we had our antidotes, our antisymphilitic, antiscrofulous, antiscorbutic, alkaline, antacid remedies, &c. People were always looking for the specific remedy which would destroy the material latent cause of the malady, and the aim of medicine was thought to be the discovery of the peculiar and specific agent which was to unite with and destroy each disease. But observation and good sense have put to flight many of these notions, and we now consider most therapeutic agents as merely the most beneficial and the most called for in certain morbid conditions: thus cinchona has its place as the principal remedy for intermittent fevers; mercury in syphilitic affections; sulphur in many diseases of the skin;—but these agents, although most suitable under ordinary circumstances in these different maladies, have no constant and undeviating efficacy, but frequently fail entirely. We may perhaps say, with much reason, that there are methods of treatment peculiarly called for in certain diseases; which methods do not rest upon one only substance, upon a single antidote, which is used without distinction as a panacea, but that these consist of a series of means which may be varied according to circumstances.”

I am sure that in what I have said and quoted, you will see no fanciful notion of the subject, but what every person of sense and reflection will arrive at who takes a fair and unbiassed view of the *materia medica*. It is not in medicine alone that the means used must be considered as subservient to the plan and conception of the end, but in all other employments. Whoever imagines that the possession of colours and brushes constitutes a painter? or that of a vocabulary an author? Which of two men is most likely to hit his mark—he who

takes aim, or he who shoots in the dark? I do not tell you to make light of your instruments, but to prove them; to apply good sense, which is the best of all appliances; and to give your personal interest and agency its due rank above the oracular predictions of the dealers in charms and life-essences. Whatever in any case you determine upon as your line of conduct, whether in awaiting a constitutional change or favourable tide of events, which experience and analogy point out to you as the most propitious time for your interference, you follow the maxims of "*la medicine expectante*;" or whether, from the sluggishness of the natural restorative powers of the system, and from feeling yourself called upon to make bold experiments, you adopt the activity of the "*medicina perturbatrix*." Whatever you resolve to do, have, if possible, a reason for it. Do not let the *placebos* you administer to your patient put your own understanding to sleep; and never imagine, when you are doing violence to the sensible fibres of his stomach, or other organs, that you are, on that account, acting upon the essential features of his complaint.

But I must not omit to mention two circumstances which somewhat modify the rational view which has been taken of this part of our profession. The one is, that our schemes of philosophical medicine are by no means complete: there are many cases in which physiology and pathology give us no clue to the best remedy for a complaint: it sometimes happens that the more we know of a disease the more we dread it, and the more we despair of doing anything satisfactorily, or upon principle. We are then willing to derive assistance from any quarter, to be led by any indication, and to borrow from the experience of those who, though unenlightened, have been successful in analogous instances. Besides, there are not wanting examples of remedies, the utility of which is established, but whose agency is altogether mysterious, and eludes all attempts at reduction to the rules of physiological medicine: as in the case of vaccination, when a perilous, and, in some respects, intractable disease is, in the majority of trials, for ever kept from approaching the magic circle of those upon whom this good genius has set his seal.

The other consideration will come

more home to practitioners than to students. It is this—that many patients are an impracticable unbelieving generation, who do not understand what you are about, and who continually, like the Jews of old, "seek a sign." You must do something. There would be no difficulty, if they would not interfere; but the mischief is that they too often take matters into their own hands, and swallow stuff that no one knows any thing about; to say nothing of the possibility that, while you "go on refining about the disease," your patient may prefer a more "practical" person. Now the number of gentle innocuous medicaments that "sweeten the blood, mollify the humours, and promote the secretions," is, thank heaven! sufficiently numerous; and, what is more, could be, on demand, indefinitely extended. But think not that I would speak slightly upon this subject. Very little experience, and very little reflection, are required to convince any one that, to allay the cravings of anxiety and to buoy up hope, so long as hope may be entertained, are important and necessary parts of our duties. No reasonable person can ever mistake between a considerate and humane suspension of operations and "charlatanerie." The moral courage of the practitioner is as often shewn in withholding as in administering: and, in the intervals between the employment of *heroic* remedies, a sick person is surely more favourably placed when under the *surveillance* of his medical adviser than when left to his own fitful fancies, or in the hands of an ignorant person, who knows neither the beginning nor the end of his complaint.

Learn, then, the relative utility of the most insignificant drugs; and, with regard to the more powerful, remember

"Nec deus intersit nisi dignus vindice nodus."

ON THE REMOVAL OF THE RIBS.

BY L. CITTADINI.

THE first operation for the removal of portions of the ribs was performed in 1813, by the author of this Memoir. In 1818 it was attempted by M. Riche-rand, but did not succeed; and in 1820

the case of M. Cittadini was published in the *Journal Complementary*. The operation alluded to, with four others which have since occurred, constitute the subject of the following remarks.

I.—A woman had long been affected with fistulous openings under the left mamma, resulting from a neglected abscess. The fistulous cavities had been opened several times, and caustic applied, to induce them to heal, but without success. M. Cittadini, in probing the fistulæ, found that a portion of the sternum and the cartilages of the sixth and seventh ribs were denuded. By means of an incision he laid bare the diseased parts, and found that the sternum was affected with caries to the extent of two fingers breadth, and that the two cartilages were tumefied and perforated in many places, for nearly three inches of their length. The actual cautery was applied, to produce exfoliation, but only caused violent inflammation of the pleura. Six months after, suppuration took place in the cavity of this membrane: the patient had constant pain, great oppression of breathing, and was very much emaciated. In this extremity, the surgeon resolved to remove all the diseased parts. For this purpose he removed the cicatrix, laid bare the bone, and found that between the sixth and seventh ribs was an opening communicating with the cavity of the chest. He divided the intercostal muscles, tied the arteries by means of a bent needle, and cut through the two diseased ribs. He then applied a large trephine on the diseased portion of the sternum, and finally removed all these parts, detaching them from the pleura with a spatula. The vicinity of the internal mammary artery prevented him from removing the pleura, although it was much diseased. The operation was tedious, and the introduction of air into the cavity of the chest gave rise to the apprehension of suffocation; but the wound was speedily covered with charpie spread with cerate, and kept in its place by an elastic bandage. Stimulants were then applied, with frictions, and respiration was artificially kept up. For two months the patient had much difficulty of breathing, but at the end of this time the wound had cicatrized, and she entirely recovered.

II.—A man (a farm servant) had been affected for some time with a

fungous tumor, situated on the cartilages of the sixth, seventh, and eighth ribs, at about an inch from the xyphoid cartilage. The disease had been attacked with *fire* and *steel* several times, but without success. M. Cittadini believing the origin of the disease to be in the ribs, resolved to remove them. He made an incision all round the tumor, and dissected off the integuments from a space three inches in diameter. He now perceived that the tumor did not occupy an extent exceeding two inches. He insulated the tumor by means of a blunt-pointed bistoury with a very strong blade, with which he also cut through the diseased cartilages. He then raised the parts with a spatula, and perceived that they adhered firmly to a fungous mass beneath, the tearing of which gave rise to a copious hæmorrhage. The flow of blood was arrested by the actual cautery, and the cicatrization though slow was completed in three months. During all this time no accident occurred, and the cure is now complete.

III.—A young man of lively imagination, sanguine temperament, and strong constitution, during a fit of delirium caused by inflammation of the brain, stabbed himself on the left side of the chest. The instrument (a stiletto) entered beneath the nipple, divided the muscles, and skirting the upper edge of the cartilage of the sixth rib, at length fixed itself in the bone. There was copious hæmorrhage, but it was easily arrested. The wound suppurated, and a fistulous opening remained. Incisions and cauterizations were adopted, but in vain; the bone became denuded and rough, and it was determined to remove it. The disease was found to occupy an inch and a half; the cartilage was divided with a bistoury, and the bony portion of the rib with a cutting forceps; the principal arteries were tied, and then separated from the subjacent textures with the usual care. The pleura having been opened at several points during the operation, the respiration became short and laborious; but at the end of some hours it had returned to its natural condition. In two months the wound was completely cicatrized, and the patient permanently cured.

IV.—A very robust man, 50 years of age, was seized with pleurisy of the right side, the symptoms of which, though

very violent at first, soon yielded to proper remedies. During his convalescence, this patient was affected with a hard tumor, painful to the touch, and situated under the right nipple and on the cartilage of the sixth rib, near its sternal articulation. This tumor slowly suppurated, and opened externally at the expiration of two months. There resulted a very narrow fistulous opening, which resisted every means during ten months. As soon as M. Cittadini became aware of the nature of the disease he resolved to remove the portion of rib on which it depended. He made the necessary incisions: but, on account of the thickness of the layer of fat on the chest, he was unable to divide the cartilages with the probe-pointed bistoury as usual, and was obliged to use the saw employed in trephining. The pleura underneath was much thickened: it was divided at several points. A very copious hæmorrhage followed from the divided and lower branches of the intercostal arteries, but compresses, and a bandage methodically applied, were sufficient to arrest it. The author does not mention whether the breathing was disturbed by opening the pleura, but informs us that the patient was quite cured at the end of six months.

V.—A young woman had for many months a fistulous sinus on the left side of the chest, opening at the third rib, which was denuded. The disease, which had arisen from a violent contusion, was situated on the upper surface of the rib, near its union with the cartilage. M. Cittadini removed the diseased portion in the same manner as in the cases already mentioned, except that he left all the lower part of the cartilage, which remained sound. The cure was complete at the end of two months.

From these observations M. Cittadini draws the following conclusions:—that the removal of the ribs is not so dangerous as surgeons have imagined, and that the bleeding which results from the division of the intercostal arteries is easily stopped by compression, when the operation is performed near the sternum; and that a ligature only becomes necessary when the middle or posterior part of a rib is removed. There is no surgeon who has not witnessed the fatal effects of caries of the ribs—namely, a suppuration which is abundant and lasts for years, till it destroys the patient. It therefore appears to the author of importance to be aware that all

the diseased portions of bone may be removed by means of excision, without incurring any great risk.

Annali Universali di Medicina.

GONORRHOEAL OPHTHALMIA.

To the Editor of the London Medical Gazette.

SIR,

THAT kind of inflammation that occurs in some manner of connexion with gonorrhœa, has been justly considered one of the most rapidly destructive to which the eye is liable: fortunately it is comparatively of rare occurrence. Gonorrhœal ophthalmia is so rapid in its progress, that, under any mode of treatment, however active, few cases are on record of its terminating favourably. Reflecting upon this subject, I was led to conceive that something beyond the mere *reduction* of the inflammatory action was necessary to prevent that rapid disorganization of the anterior part of the eye, in which this form of ophthalmia most frequently terminates, even when treated by the most active antiphlogistic means from the very commencement of the attack. I, therefore, imagined that if the *action* could be *changed* as well as *reduced*, we would have a better chance of preventing the ulceration of the cornea, and of restoring the eye to its natural state: for these intentions we have the lancet in one hand and mercury in the other. During the last twelve months I have treated three cases of unequivocal gonorrhœal ophthalmia on these principles with the most perfect success. The treatment which I adopted was as follows:—The patients were bled largely from the temples, and the operation was repeated, if necessary; fomentations were applied to the eye, which was directed to be kept as clean as possible. Five grains of calomel and half a grain of opium were exhibited every four hours, until the mouth became affected, which fortunate circumstance took place in less than 48 hours, and then the disease appeared completely arrested. Afterwards, the usual treatment upon general principles was had recourse to.

I shall close this notice with an abstract of the last case which I treated in the Ophthalmic Hospital, Chatham.

CASE.—Joseph Murgatride, 40th regiment, æt. 20, was discharged from the hospital at Canterbury on the 11th

June, 1828, (where he had been under treatment for gonorrhœa,) for the purpose of accompanying his depôt to Chatham. Had slight discharge from the urethra at the time he left the hospital. On the march his left eye became inflamed. On the 14th he was admitted into the Ophthalmic Hospital, Chatham, under my charge, affected with great tumefaction of the left eyelids, a very profuse purulent discharge from between them, and considerable chemosis; but the cornea was clear and vision perfect. He complained of severe pain in the eye-ball and lids, and had excessive intolerance of light. Slight gleet discharge from the urethra. Full plethoric habit.

Fiat Arteriatomia ad \mathfrak{Z} xxx.
Cap. Calomel. gr. v. Opii, gr. ss. 4tâ
quaque horâ.
Foveatur oculus aquâ tepidâ.

15th.—Greatly relieved by the bleeding; rather less swelling of the lids; discharge also less, but the chemosis is very great.

Pergat.

Vespere.—Swelling of the lids and chemosis much increased since the morning visit. Very copious discharge of thick yellow matter from between the lids. Complains of severe pain in the eye. No discharge from the urethra.

Repet. Arteriat. ad \mathfrak{Z} xxviii.
Cont. Calomel. et Opium et Fetus.

16th.—Instantaneous relief from the bleeding. Swelling of the lids considerably reduced. Chemosis still very great, but the cornea continues clear. Mouth tender; discharge from the urethra returned.

Omitt. Calomel. et Opium.
Foveatur Oculus Solutione Sulph. Alum.
gr. vi. ad Aquæ \mathfrak{Z} i.

17th.—Lids greatly reduced. Chemosis and discharge continue. Eye free from pain, and vision perfect. Considerable ptialism.

Haust. Salin. Purg.

19th.—Chemosis diminishing; discharge thinner, and less abundant; eye quite easy, and vision perfect. Discharge from the urethra continues. He continued to improve daily from this date, and was discharged to his duty, eye perfectly sound.

J. HENNEN, M.D.
Assist. Surgeon, 57th Reg.

Royal Military Asylum, Chelsea,
24th Oct. 1828.

TREATMENT OF CHOLERA.

Extract of a Letter from India.

“OUR old enemy the cholera has not committed its accustomed deadly ravages this year, and, it is to be hoped, is wearing itself out. I have not had occasion to resort to *my recipe* for these three months past, which I certainly have found both an antidote and cure. You may probably know, or have heard of it. It is the *Kyapoota* (*Cajepoota*) oil: at all events, you possibly remember the virtues formerly ascribed to it for rheumatic affections, though, I believe, not then administered internally. I have, however, used it with great success in cases of cholera: 10 to 15 drops to children, and 30 to 50 to adults, merely swallowed in a wine-glass of warm water. Some of the faculty called it a *quack nostrum*, who, I have reason to believe, have since used it with benefit. I accidentally introduced it about two years ago, but take no merit beyond the successful application of it, whilst the population were dying by hundreds about me; having discovered a recital of its efficacy in an old Bengal paper, which induced me to try the experiment, and some of the recoveries were remarkable from the last stage of the disorder, and even after the usual applications had failed from the *Materia Medica*.”

REGULATIONS OF THE APOTHECARIES, AS AFFECTING PUPILS.

To the Editor of the Medical Gazette.
SIR,

THE letter of a “Dissatisfied Inquirer,” inserted in your Gazette of last Saturday, is a happy contrast to the vulgar slang and unfounded calumnies of the *Lancet* of the same date, and therefore deserves to be replied to in the same spirit of courtesy and fair discussion in which it is written. The objections made by your correspondent to the recently issued regulations of the Society of Apothecaries, are arranged under three distinct heads. The first relates to the additional course of lectures on chemistry and materia medica demanded from the pupil; the second to the order of succession in which the lectures are required to be attended, and the inconveniences of its operation on those who come to town to study in April and May; and thirdly, with regard to the form of testimonial now issued from the Hall, to be signed by the various

lecturers, and to be afterwards preserved at the Hall. Before I proceed to make some comments on these three points, it may not be amiss, perhaps, to observe, that the *motives* which have actuated the Court of Examiners in making these alterations cannot be otherwise than laudable. The additional attendance on lectures, and the order of succession demanded, procure no advantages to them. They will give them, on the contrary, additional trouble—they will tend to protract the examinations; and the Court of Examiners, not giving lectures themselves, nor being in any way connected with those who do, stand absolved from any suspicion of self-interest in what they have done. It will farther be conceded, I suppose, that the Court of Examiners, after an experience of thirteen years, must have acquired something like a knowledge of the principal defects in the education of the general practitioner, and being apothecaries themselves, in extensive practice, must know also what will be expected from the apothecary when in practice himself; and though the profits of the country practitioner are in many instances small and precarious, it cannot be pretended that *therefore* inefficient or half-educated men ought to be allowed to practise among the poor and needy population of distant provinces. Look at France; there the education of the mere apothecary exceeds in a two-fold degree what is now complained of as the highest standard of education in the apothecary in England. In the church, heaven knows! the remuneration of some of its inferior members is meagre enough, but that has never been considered as a sufficient reason for allowing the candidate for holy orders to escape the discipline of the university, or to excuse his receiving a thorough and complete theological education. I will not, however, extend these general remarks, but proceed at once to say, that, in my opinion, neither chemistry nor materia medica can be considered as merely ornamental parts of the apothecary's education. How is it possible, I would ask, for the apothecary to prescribe chemical remedies without an accurate knowledge of chemistry? How can he undertake the treatment of those who are suffering from the effects of mineral poisons, unless he knows the chemical attributes of those substances, and the agents by which they may be decomposed or neu-

tralized? What figure would he make in a court of law, when giving evidence in similar cases, or how would he proceed to ascertain, by chemical tests, the causes of death to the satisfaction of the coroner or his jury? Surely for all these purposes he must study chemistry, not as a mere ornament, but as an essential branch of his professional education. But in truth the "Inquirer" thinks so too, for he says that an Edinburgh course lasts half a year;—well then, in that half year the student can obtain two London courses, and that is all the Court of Examiners require. Secondly, with respect to the order of succession of lectures, I would observe, that the former practice has been for the pupil to come to London, and enter himself for the practice of physic, to anatomy, to materia medica, and chemistry, all at once, getting through the whole of these subjects in six or nine months, and coming to his examination with such a jumble of miscellanies in his head, and such an utter confusion of ideas upon most of the important subjects he has been studying, as would excite a smile, if it were not checked by a consideration of the mischief that such a practitioner, let loose upon the world, must necessarily do. Is there any thing unreasonable, then, in asking the youth to learn the elements of his profession before he studies its practical application? if he has done so during his apprenticeship there is an end to the objection,—if he has not, it is proper that he should do so. What would be thought of a Latin master who asked his pupil to translate Virgil before he had learned his nouns or his verbs? and yet the thing is not more absurd in one case than the other. With regard to those pupils who come to town in April and May, certainly some inconvenience may arise; but then they are not *compelled* to come to town in the summer. At many places in the country they can obtain the preliminary lectures on chemistry and materia medica, and anatomy is very well taught in London in the summer; the great schools, perhaps, may not be open, but, if I mistake not, Mr. Brooks, and Mr. Carpue, and some others, have sent forth as good anatomists as any schools in the metropolis. But again I repeat, that the pupils *need not* come to town in those months, and, in fact, *do not* in any great number. Thirdly, the form of testimonial required

from the pupils cannot be offensive to them; the lecturers only have to complain of this additional trouble: but have they so complained? would it not be time enough to consider this part of the subject when they declare themselves aggrieved? But the reasons which have influenced the Court of Examiners in issuing this regulation will fully bear them out in having done so; and this part of my answer I would fain omit, if I could; but truth obliges me to say, that the numerous instances that have occurred of forged certificates, of certificates signed where no lectures have been attended, of impositions of all sorts, have been so numerous, that some change in the form of testimonial becomes absolutely necessary: besides, as it was determined to demand a succession of study, that could only be ensured by the different lecturers signing the paper in succession, and thus *showing* that the lectures were attended in the manner prescribed*.

I have now, in as concise a manner as possible, endeavoured to answer the "Inquirer's" objections to the regulations of the Court of Examiners, and beg to refer him to the Times newspaper of last Monday, where he will see that the Court of Examiners are somewhat reproached in that journal for not carrying their system of education still farther: they have likewise been told by professors that other subjects of study ought to be imperatively demanded, even mechanical philosophy and minute botany; and it has been *kindly* hinted that perhaps Sanscrit or Arabic might be advantageously added. The Court of Examiners cannot pretend to please every body, nor to fulfil the expectations and wishes of every one who believes that his views of medical education are superior to his neighbours. They have, however, laid down a system of study which, though defective in some points, cannot, I think, be said to include *more* than is generally required from the class of persons to whom it is intended to apply, and my advice to the Court would be, to rest where they are, to be steady to their purpose and true to themselves, and they will continue to receive the support of the enlightened and liberal portion of the profession. OMICRON.

* No inconvenience can arise to teachers in the country in respect to the new plan of certificates, as every lecturer on anatomy in England, residing in England and recognized by the Court, has been furnished with the printed papers a month ago.

REGULATIONS OF THE APOTHECARIES, AS AFFECTING PROVINCIAL LECTURERS.

To the Court of Examiners of the Apothecaries' Company.

GENTLEMEN,

WITHIN the last few years many and admirable regulations have issued from your court, most of them having a direct tendency, all more or less contributing, to the object of at once raising the character of the general practitioner, and defending the public from the fatal consequences of ignorant charlatanry. In the earlier part, however, of these regulations, you sought no less this general object than to exhibit an example of even-handed justice to the physicians and surgeons of country hospitals, by determining to admit their certificates, because you believed that they were also capable of imparting valuable information. Induced, partly, perhaps, by your example, and certainly in great measure by the general voice of the profession, the College of Surgeons conceded a similar privilege, nor have they made any attempt to withdraw, or to frustrate it; nor, gentlemen, have you withdrawn it in form, but you have appended a clause, which renders the concession formerly made little more than a dead letter. You do not refuse the certificates merely because they are granted in the country, but require such conditions as cannot be complied with in the country.

The facts are shortly these: the certificates of attendance upon medical practice will not be received unless such attendance shall be subsequent to a course of lectures upon the practice of medicine; nor will such course be of any value unless after attendance upon anatomical and chemical lectures, and lectures upon materia medica. In very few situations, where there are both hospitals and dispensaries in the provinces, can students attend these lectures. And thus, therefore, whatever labour they may expend—whatever information they may obtain—however long the time they may employ in institutions so situated, all must be utterly useless in shortening the time of their residence in London; and the consequences will proceed farther than this—it will crowd the London institutions, while it empties those of the country.

Nor will this be really for the advantage of the student or the advancement

of science ; for in the calm retreat of a country hospital, under the guidance of a well-educated physician, with the kind, intimate, and confidential intercourse which is there maintained, the opportunities of the student must be far greater than in the crowded and noisy wards of a metropolitan institution, where, at the most, one or two only necessarily know much of the patients, and the rest do literally "walk the hospital."

Nor are lectures, though an important, the only manner in which instruction can be communicated ; books, and occasional dissections, which are very seldom wholly wanting, may do much ; and with such aids, and such aids alone, I have known many students already deeply versed in their profession arrive in London, to comply rather with the forms of elementary instruction than requiring its assistance.

But according to your present regulations, gentlemen, all this is to pass for nothing. The diligent student of an hospital, and the druggist's apprentice, who has never been from behind his master's counter, are to be placed on the same footing ; and, I do ask, if this is just ? I have heard motives assigned for this regulation which I am unwilling to believe, and which I will not repeat. I cannot but hope, however, that the representation now made will have its effect, and that you will again recur to your original regulation. It cannot be more necessary for you than for the surgeons to depart from it.—I have the honour to remain,

Gentlemen,

Your obedient servant,

A COUNTRY PHYSICIAN.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

A Manual on Midwifery ; or, a Summary of the Science and Art of Obstetric Medicine ; including the Anatomy, Physiology, Pathology, and Therapeutics peculiar to Females ; Treatment of Parturition, Puerperal, and Infantile Diseases ; and an Exposition of Obstetrico-Legal Medicine. By M. Ryan, M.D. &c. 1828.

WHEN an author favours us with his own opinion of his productions, it

saves the reviewer a world of trouble. It was, therefore, with no small gratification that we perceived Dr. Ryan had adopted this judicious course. Indeed, when we consider at once the circumstances under which the work was composed, and the extraordinary degree of merit which it possesses in the eyes of the individual who is assuredly best acquainted with its contents, we shrink from the presumption of expressing any sentiments of our own, and shall do little more than echo those which have been given to the public with such singular modesty and taste.

The various classification of labours are introduced, "and next succeeds my own, which I suppose to be the least objectionable, most natural, and most explicit of any." Upon the whole, continues the doctor, "I believe there is no other work of this size, foreign or national, that contains so much practical information." Some authors, like coy damsels, like to have praises whispered in their ear, although pretending not to hear, or, at least, to disbelieve them : but no such affectation mars the complacent self-possession with which the writer before us indicts the praises of Dr. Michael Ryan. "Talented friends" and admiring pupils have alike solicited the publication of these pages, which we are informed have been composed "within a few weeks," amid "the daily discharge of official duties," and "the innumerable interruptions attendant on private practice."

But we are told—what, indeed, after our quotations, will scarcely be supposed—that "fallibility is the lot of man." A few typographical errors deface the work ; but, then, "every man acquainted with the press is aware that typographical errors are inevitable."

One of the most important novelties is the discovery or invention of a new name for practitioners in midwifery. *Accoucheur* is rather hard to pronounce—besides we owe it to the French, and it is awkward to borrow any thing from our "natural enemies." *Midwife* is an ugly word, and rather disrespectful ; besides, as it has been well urged, "how can a man be a wife unless he be an hermaphrodite ?" The term *midwifer*, proposed by Dr. Davis, is little, if at all, better. In short, here was an open field, and it has not been left uncultivated by the author before us. If there had been men-midwives in ancient

Rome—which, however, there were not—Pliny, Terence, or Horace, we are told, must have given them some name; and this would probably have been *obstetricus*, or *obstetricius*, which being rendered into English gives us *obstetrician*—not, indeed, as a translation of any word which the classical writers above mentioned *did use*, but of what they *would have used* had they flourished now, or had our author practised at Rome in the Augustan age. Now, although there be 40,301 words in Johnson's Dictionary, yet the only difference made by this innovation is, that in future editions the number must be augmented to 40,302; and shall we, for such a trifle as this, “expose ourselves to the just sneers of our neighbours, by *adapting** their language as our own?” We cannot do better, in answer to this question, than by echoing the words of our author—“the idea is monstrously preposterous.”

Notwithstanding the amusing absurdity of the Preface, we readily acknowledge that the work does contain a great deal of information, ill arranged, and mixed up with much extraneous matter—in some parts disguised by attempts at fine writing, in others almost meretricious from the minuteness and voluptuousness of the descriptions, and yet in others displaying a singular want of discrimination. Of the first, the opening chapter is a good illustration; of the second, the remarks on generation scattered through the volume, as well as in a distinct chapter on that subject; and of the third, the manner in which the ridiculous idea that dysmenorrhœa depends upon a contraction at the neck of the uterus, is spoken of, thus—“Dr. Macintosh, of Edinburgh, has just discovered the real cause of painful menstruation, which is a narrowing of the mouth of the womb.” Indeed!

On the subject of uterine hæmorrhage we are told that, under certain circumstances, “there is nothing to save the patient but that godlike operation of restoring the flickering vital spark—transfusion.” And again—“The name of the man who employed it successfully in restoring human life will live for ever—the name of Blundell shall be revered as long as the

godlike science of medicine is cultivated.

“What can be a more brilliant discovery than that which has the power of restoring expiring nature—of recalling the fleeting breath—than that which fearlessly and successfully robs the king of terrors of his prey, and deprives the grave of its intended victim, and restores the dead to life? Is not this unequalled operation more splendid, more daring, than even the poetic fiction of abstracting ethereal fire, for the animation of inorganic matter?”

When we found that Dr. Blundell restored “the *dead* to life,” we thought it merely a figure of speech into which the writer had been hurried by his “poetic fury;” but turning to the next page, we find, in sober prose, that he bled dogs to “asphyxia and death,” after which he restored them by means of transfusion.

Every page bears marks of haste. Thus the quotations are given apparently from memory—at least without proper regard to fidelity. To take an example accessible to the readers of this Journal, Dr. R. Lee, at page 659 of our first volume, says, “In this country, at the present time, the opinion is very generally entertained that we must change the position of the child, at whatever hazard, in all cases, without exception, of arm presentations.” But our author, in quoting this passage, gives the following version of it:

“In this country, at present, the operation of turning is very generally entertained; that we must change the position of the child, at whatever hazard, in all cases, without exception of arm presentations.”

Should Dr. Ryan's work come to a second edition, we would advise him to devote three times as long a period to its correction as he represents himself to have done to its original composition. Let him not be persuaded, either by “talented friends,” or impatient pupils, to give it prematurely to the world; for the world will wait without complaining till he is ready. Let him expunge all passages laudatory of his own productions. Then—and we fear not till then—with the industry he has displayed, may we hope for a work entitled to receive at the hands of impartial judges a degree of praise equivalent to that which the present edition has met with from a less disinterested source.

* We presume this is one of the typographical errors alluded to, and that the Doctor means *adopting*.

Chemical Re-Agents, or Tests; and their application in Analyzing Waters, Earths, Soils, Metalliferous Ores, Metallic Alloys, &c. &c. Originally by F. ACCUM; improved, and brought down to the present state of Chemical Science, by WILLIAM MAUGHAM, Surgeon, &c. Charles Tilt. 1828.

IN general, when a medical practitioner wishes to ascertain the composition of any body, he carries it to some one accustomed to chemical manipulations, from the idea that great nicety is required, with an extensive apparatus, and a memory well charged with chemical re-agents. Tests are those substances which act quickly upon the body whose composition we wish to ascertain, producing some obvious phenomena by which the quality of the unknown body is inferred.

At the end of Mr. Maugham's work is a copious index, in which we have only to turn to the name of the substance we want to analyze, and thence to the page to which we are referred. Here we find the simplest tests by which the presence of that substance is recognized in its different states of combination. For example, we wish to know how to detect *gelatine* in any substance:—from the index we are referred to page 102, and there find:—

“*Tan, or Tannin.*—This substance is employed for detecting animal gelatine, or jelly, with which it forms an elastic, adhesive mass, which soon dries in the open air, and becomes converted into a brittle resinous-like substance, which is insoluble in water, and capable of resisting a great number of chemical agents. It greatly resembles overtanned leather. The power of tan, as a test of gelatine, is very great. Dr. Bostock found a copious and *immediate* precipitate, on adding a moderately strong infusion of tan to water containing only $\frac{1}{1000}$ of isinglass, and a very considerable precipitate when the gelatine was only $\frac{1}{2000}$. An *immediate* precipitate with tan may, therefore, be considered as a pretty certain indication of gelatine. To render this test accurate, it is necessary to attend to the circumstance, that tan likewise produces a precipitate with albumen. This, however, is much less evident; it does not take place *immediately*, but only after the mixture has stood for some time; and the distinction between these bo-

dies is likewise easily established by the use of other tests.”

With a lamp, a few phials containing tests, and this little work, any one may, without difficulty, perform all the experiments required for the ordinary purposes of chemical analysis.

DR. BURROWS ON HYPOCHONDRIASIS, DEMENCY, AND IDIOCY.

Being Commentaries IX. X. and XI. of his Work on Insanity.

SYDENHAM and some other writers have looked upon hypochondriasis and hysteria as identical, or at least as the masculine and feminine of the same disease. The author before us does not concur in this opinion, and argues that hysteria is an affection almost confined to the period between puberty and thirty years of age, “and is a local affection;” whereas hypochondriasis does not shew itself before the age of twenty-five, is most common in middle life, and seldom appears after the age of sixty. He thinks it of the same family as insanity, though distinct in its primary stage. We certainly do not look upon hysteria and hypochondriasis as “identical,” but they are often very closely allied. The former appears most frequently in the female sex; the latter in the male; but we have seen cases in which this has been reversed, and men have laboured under a train of symptoms which could scarcely receive a name, if that of hysteria was refused. Neither can we regard this as a “local affection.” Indeed we do not clearly understand what Dr. Burrows means by the expression in this instance. If he means an affection confined to one part, what is that part? If he means that it is a disease of the uterus, we cannot agree in this, which appears to us to be a common opinion—and a common error. Hysteria we regard as a disease of the nervous system, sometimes exhibiting its local manifestations in derangement of the uterine system, sometimes, of the digestive, occasionally of the circulating and respiratory systems; and in other instances disturbing the encephalon. Neither do we think Dr. Burrows correct in stating that it is almost limited to persons under thirty—we have seen numberless examples of hysteria in women above that age.

But to return to hypochondriasis.

We find numerous opinions regarding its pathology. Most writers, and indeed popular belief generally, has placed its seat in the abdominal viscera. Dr. Parry thought it depended upon determination of blood to the head, and MM. Georget and Falret nearly agree in this opinion. Dr. Burrows, too, thinks this a more satisfactory pathology than the former, and observes—

“ Before Parry’s work was published in 1815, I confess I was influenced by the prevalent opinion in the visceral origin of this disease, and treated it according to the existing pathological views of it: but I remember scarcely a case so treated that recovered. Disheartened by the continuance of the disease, the patient generally sought other advice, or it degenerated into melancholia; and in two or three instances I heard that life had been ended by suicide.

“ Longer and more extensive experience has satisfied me that Parry’s views of the pathology of hypochondriasis are generally correct, though I am not prepared to concede that the primary cause is always in a disorder of the circulation. On the contrary, I am convinced this disease is frequently sympathetic, from a morbid condition or action of the organs engaged in the offices of digestion, assimilation, and excretion. The stomach, liver, pancreas, and intestines, may often be primarily in fault, and soon implicate the heart and vascular system: the brain then is consecutively affected.”

Post mortem examination throws no clear light on the true nature of hypochondriasis. Indeed few, if any, can be said to die of the disease, for when any distinct local affection supervenes, the case ceases to be called one of hypochondriasis. In the few instances where opportunities have occurred of examining the state of the brain, it has been in general found more vascular than natural. Dr. Burrows goes on to allude to some well-marked instances of this disease in celebrated characters: among these, the first is that of the

Self-torturing sophist, wild Rousseau;

in whom the malady seems first to have been brought on by reading medical books, in consequence of which he persuaded himself that he had got a polypus of the heart. Falret appears himself to have been at one time in much the same condition: we remember that he

was so alarmed at the pulsations which he felt in different places, as to be afraid to move lest the arteries should burst. The case of the amiable Cowper is mentioned by Dr. Burrows, but it certainly exceeded the limit of mere hypochondriasis. If, indeed, we are not very nice about the boundary between hypochondriasis and some forms of insanity, the whims and fantasies which might be described are almost numberless. Falret knew a lady who thought her skin was scaly, like that of a carp—a false impression, however, which she could rectify by the sense of touch. Greding gives an account of a medical practitioner who applied to him for assistance, under an impression that his stomach was filled with frogs, which had been successively spawning ever since he bathed when a boy, in a pool in which he perceived a few tadpoles. He had spent his life in trying to expel this imaginary evil, and had travelled to numerous places to consult the most eminent physicians. It was in vain to reason with him, says Greding, for he argued himself into a passion in my presence, and then asked me if I did not hear the frogs croak*.

Marcellus Donatus mentions a baker of Ferrara, who imagined himself a lump of butter, and durst not sit in the sun, or near a fire, for fear of melting. Villermay mentions an hypochondriac who set apart a room for his *pots de chambre*, of which he had a very numerous collection, all filled with urine. He made use of a new one every day, and frequently passed them in review. These, however, as we have already said, are rather cases of insanity than simple hypochondriasis. The external senses are seldom affected in hypochondriasis, nor is there any delirium.

“ But (observes Dr. Burrows) the judgment is always in error, and hence all his views of himself and of real life; but the patient being most anxious about self, he expresses, therefore, the most unreasonable anxiety respecting the merest trifles connected with his own health or affairs. He is perpetually feeling his pulse or looking in the glass, and prognosticating his speedy death; and he conjures up some imaginary complaint from which he apprehends danger. His spirits are dreadfully depressed.

* See Good’s Study of Medicine.

“ Besides the other marks of vascular impulse towards the brain, to which I have referred, the temporal arteries are seen much distended, and the carotids beat strongly; there is often considerable pain in the eyes, which is sometimes constant, sometimes periodical or occasional; oftentimes one eye only is affected. During the paroxysm, the globes of the eyes will protrude from their sockets and appear larger, or perhaps be retracted within their orbits. The palpitations of the heart often cease when the symptoms of determination appear. The complexion varies: at first the face is often flushed or pale; as the disease advances, it becomes yellow or of a dusky hue. There are alternate great heats or chills felt; and he is extremely susceptible of atmospheric changes. The pulse is variable; generally it is languid; but when the paroxysm denoting the disturbance in the circulation comes on, it partakes of the commotion, and is quicker and fuller. This commotion often takes place when the patient wishes to go to sleep, and then prevents him. Harassing dreams often attend. Faintness, or a degree of weakness, with slight vertigo, intervenes, but shortly goes off. There is generally pain at the epigastrium, with a sense of stricture across the hypochondria, and dyspepsia.

“ The digestion being defective, after meals the stomach is much distended and oppressed with flatulence. A good deal of saliva is occasionally secreted, and sometimes a very offensive acid mucus; and frequent thirst is felt. The stools are very dark coloured, and matters are often vomited varying in quantity and colour, now and then blackish. It is the colour of the evacuations, probably, which has contributed to the supposition that hypochondriasis proceeded from atrabile. The urine is copious and pale; when indigestion is great, it is often whitish like whey. Costiveness and diarrhoea sometimes alternate, but the quantity evacuated is usually insufficient.

“ The patient generally is more free from complaints in the morning than the evening and night. Bursts of tears, without any particular cause, are common, and this usually produces temporary relief. When the power of shedding tears is withheld, the distress of the head is aggravated, and there is redness of the eyes, stuffing of the nose,

and the turgescence of the temporal arteries is more conspicuous. A sense of fatigue is urged, but he is at the same time capable of considerable exertion, though generally indisposed to move.”

From the preceding description it will be seen that the general character of the symptoms differ little from those of melancholia.

In the treatment of hypochondriasis it is of importance to restore any natural or artificial discharge that may be locked up; and also, on the same principle, to produce the return of cutaneous eruptions when these have suddenly disappeared. Bleeding by leeches to the temple is also regarded by our author as necessary; at least in all cases where any determination to the head is perceptible. Violent purging he regards as injurious; the warm-bath, or tepid shower-bath, as beneficial. Emetics are borne better than purgatives.

Dr. Burrows evidently regards hypochondriasis as a disease requiring nice management, but capable, when properly treated, of much relief, if not of absolute cure. Tissot gives a very unfavourable prognosis, but our author expressly states that he does not think his treatment was good. He does not allude to the opinion of Baglivi, who speaking of hypochondriacs, says, “*saniari facile solent.*” Our author adopts the medium between these two writers, and Falret does the same.

COMMENTARY X.

Demency, or Fatuity.—These conditions consist in a defect of the understanding, giving rise to confusion and incapacity of arranging ideas, with loss of memory, childishness, “garrulous babble,” and premature senility. The difference between demency and idiocy is this, that the connate idiot never had his mental faculties developed, whereas demency implies their previous possession and subsequent loss. In general practice it is by far most frequently met with as a consequence of apoplectic seizure and paralysis—but it is not uncommon as a consequence of insanity. But besides these circumstances, it sometimes takes place under others which are not easily explained: thus young persons shall grow up to manhood, with their intellectual faculties well developed, and then suddenly, and

without any very obvious cause, they fall into a state of demency. Dr. Burrows gives several instances of this, and we have ourselves met with an instance exactly analogous to that first given by our author, and which we subjoin.

“ Master —, a stout and remarkably fine boy till he was twelve years of age, had evinced all the capacity and activity usual at his years. At this period some change was perceived in his disposition and habits. He became negligent and irascible; fonder of amusements below his age, and if opposed, fell into silly passions. What he desired he cared not how he obtained. At length slight symptoms like chorea came on: he appeared not to have entire command over his voluntary muscles, and his limbs were occasionally a little contorted. His eyes, too, without object, were in rapid motion. His speech was slightly impeded.

“ These symptoms gradually increased, until becoming too unmanageable for a public school, he was placed under a private tutor.

“ When aged fourteen, he was brought to London for my opinion. He appeared then to be a stout lad with a healthy complexion. The conformation of the head was good, but larger in its proportions than common. The expression of his countenance denoted a degree of vacuity. He hesitated in his speech a little, and then uttered his words suddenly. He was constantly in action. He desired almost every thing he saw, and attempted to gain it with force and violence, and if restrained, broke into furious passion. When on his pony, he could no longer guide it properly. He had lost all knowledge of the classics, and only amused himself occasionally for a short time with childish books and pictures. All the corporeal functions were natural.

“ While in the country, he had been repeatedly and largely bled, and other depletory measures had been pursued.

“ This plan greatly reduced him, and most likely aggravated the case. I examined the spine with care, but no mischief there was perceptible. I therefore suspected organic disease of the brain.

“ A year afterwards his tutor wrote to me, that ‘ he was gradually growing worse, his senses were more impaired, his movements were more restricted, he was perfectly harmless and good-

humoured, and his health continued sound.’ In short, he was quite in a state of chronic fatuity; and four years afterwards he became wholly paralytic, and died.”

A very curious example of the force of habit, even when the intelligence on which it had originally been formed, is mentioned by our author. It occurred during a visit to the Military Lunatic Asylum at Rochester. The physician in charge ordered the serjeant to shew Dr. Burrows the incurables. They were accordingly assembled to the number of about twenty, who had become fatuous during their military service. On the serjeant giving the word, order! they immediately fell into line, and presented themselves for inspection.

In the treatment of demency, blood ought not to be taken away unless there be the clearest proofs of increased vascular action. Indeed all depletory measures are prohibited by our author unless particularly indicated. The patient in general ought to be supported by means of nourishing diet, tonics, and baths. So great an effect has fever in removing fatuity in some cases, that Dr. Burrows says, that if we could as readily inoculate fever, and define the limit of its operation, as we do that of small-pox, it might be had recourse to as a remedy in this disease.

COMMENTARY XI.

Idiocy.—This term implies an irremediable abolition of the mental faculties. It may either be congenital or the result of mechanical injuries, moral debasement, or overwhelming mental impressions. It presents insanity in most melancholy and mortifying aspect—one on which it is painful and unnecessary to dwell.

We have thus brought to a close our analysis of the second part of Dr. Burrows’s valuable and elaborate work. There yet remain some interesting Commentaries on the terminations and treatment of the disease, which we shall lay before our readers in future numbers.

Where the volumes which we review present little of interest, we content ourselves with short notices, but where, as in the present instance, they are replete with important matter, we shall make our analyses very full and comprehensive.

ON THE CURE OF CONSUMPTION.

NO. IV.

IF your subscribers are not tired of this series of papers, I will take the liberty of adding one more, intended chiefly for the unprofessional reader, to demonstrate the impossibility of curing consumption by any *one* medicine or mode of treatment.

Were I addressing myself to medical men only, I should be contented with referring to the authority of the late venerable Dr. DUNCAN, of Edinburgh, whose experience taught him that there were *three* distinct species of pulmonary consumption; or to the celebrated French physician, BAYLE, who proved, from 900 dissections of consumptive patients, that there are *six* different species; and I would then ask, whether one method of cure could possibly be applicable to all these varieties of disease?

But I would rather ask those who are not professional, for even the least attentive among them cannot have failed to make some observations on this constantly occurring disease,—I would ask these whether, within their own knowledge, consumption has not come on in every possible variety of ways? One poor unfortunate child has become consumptive from having been badly nursed; another from inflammation of the lungs, left by the measles. One poor girl has lost her health and spirits by sedentary employment, and by being compelled to sit up night after night at dress-making; another, all life and spirits, has been attacked with disease in the midst of her gaiety, but has persevered in her pleasures till her constitution is completely undermined. This man has had a blow which has injured his chest; this has ruined his health by intemperance. In one case the disease discovers itself by a sudden spitting of blood; in another by a dry hard cough; in a third by an acute pain in the side. Sometimes it begins with violent rigors, sometimes with profuse perspirations; sometimes with a disordered state of the bowels. In some it is hereditary; in others it is received by contagion*. It occurs in infancy, youth, manhood, and old age. Can it be believed that one and the same medicine is fit for all these various modes of attack, and varieties of age and constitution?

But admitting that the disease is identically the same, notwithstanding the variety of ways in which it may first appear, still it must have a beginning, a middle, and an end. Can the *same* medicine be suitable for each of these stages?

In the first, or incipient stage, consumption is not unfrequently cured; and more frequently still, its progress is arrested, and the life of the patient prolonged by appropriate remedies. But is there a physician, of any character or experience, who will say that he has ever cured or arrested the progress of this disease by any one remedy? The cure is never effected except by a variety and combination of means. A principal advantage may be attributable in one case to the abstraction of blood; in another to digitalis; in another to change of air, &c.; but in no one case is a solitary medicine sufficient. To be successful, the plan of treatment must be varied as circumstances may require; and to do this, the judgment of the experienced physician must be sedulously employed.

In the second stage of consumption, or what may be called the *confirmed*, it is doubtful whether a cure is ever made. But the symptoms may be alleviated, and the progress of the disease, to the third or *inveterate* stage, may sometimes be retarded by judicious management. The most inattentive observer must be sensible that this alleviation or retardation of disease, can be accomplished by no *one* remedy: a combination of means must be used, in employing which much skill and experience will be required.

In the last, or inveterate stage, the symptoms are so changeable and intractable as to require daily and hourly changes of diet and medicine. If the nostrum of the empiric possesses any real medicinal virtue; if it be not altogether inert—no unusual condition of quack medicines, by-the-by; to employ it in this stage is sure to increase the sufferings of the patient.

Whence, then, proceed the cures, which every newspaper assures us that quacks have made?

1st. By appropriating the name, consumption, to complaints bearing some remote resemblance to that disease; and, perhaps, having a few symptoms in common: slight complaints are easily fabricated by the artful into alarming

* This is almost the only point on which we differ from our intelligent correspondent.—ED.

diseases, and an astounding name soon frightens the ignorant.

2dly. From cases of incipient consumption, which have been already under the treatment of the regular physicians, and are almost cured. These the empiric uses every art to get into his clutches; and the newspapers soon ring with the report of *confirmed* consumption cured by treacle and vinegar, dignified with the name, *vegetable balsam*! by rose infusion, dignified by the name, *botanical elixir*! by salad oil, impregnated with the smell of cloves, dignified with the title of *antiphthisical embrocation*! or by some other medicine equally futile, to which is appended a high-sounding name.

ΙΑΠΑΝΘΡΩΠΟΣ.

MEDICAL GAZETTE.

Saturday, November 8, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Ar-
tis Medicæ* tueri; potestas modo veniendi in pub-
licam sit, dicendi periculum non recuso.”—CICERO.

THE KING'S COLLEGE.

THE newspapers stated that the King's College was to be built on the ground of Lord Listowell, near Kensington: this has been since contradicted. It is now reported that there is to be no medical school connected with the College. There may be as little truth in the latter as in the former statement; but as the contrary may be the case, and report may for once be correct, we shall offer one or two reasons why the directors of the King's College should hesitate before they expunge medicine from the sciences which it is to teach.

The importance of the College—the moral space which it will fill in the public eye—the influence which it will have on the education and characters of the rising race of men, will greatly depend on the extent of its utility; and this extent will be prodigiously curtail-

ed if medicine and its branches are to be excluded from its walls. The most steadily numerous classes in all universities are the medical. Suppose them extinct; and excepting a lecture-room, of which the benches are filled by a very popular subject treated of, by a very popular, or a very eminent lecturer, the King's College may safely reckon upon thin classes;—it will be sad dull work. The argument for a university in a large metropolis, instead of a small provincial town, loses nearly all its force if it is not to teach medicine. Languages, divinity, literature, natural philosophy, might be taught as well a hundred miles off. London supplies the materials for a medical university beyond any other place in the world; but they will all run to waste if the directors of the King's College neglect to turn them to account. There is no branch of knowledge in the teaching of which it can be so useful as medicine,—to the pupils, the lecturers, and consequently to the public; for it can be far better taught in an authorized college than in the little private schools which spring up here and there in different and widely separated parts of London. No hospital is likely to yield (the chances are against it) a sufficient number of men of merit, each eminently able in his particular subject, to form a uniformly good school: there will be one or two men of considerable merit, and the other chairs filled with mediocrity, or something worse. Hence the student finds, that to attend the lectures of the most eminent men on each subject, he must attend one in one school, another in a remote one; a third in another school distant from both; which, from the size of London, is impossible, unless he had the seven-leagued boots. A complete corps of able teachers is never likely to be gathered together except by a university or college. The London University was looked on as an experi-

ment, and as one likely to fail. But let it succeed in the way of which it has every prospect, and able men will become candidates for its vacant chairs, as well as for those of the rival institution. Men would undertake the office of professors in a college who would decline to teach in a private school. We want something of this, for the race of medical teachers is clearly degenerating. Twenty years ago there were employed in this task such men as Cline, Astley Cooper, Babington, Currie, Haighton, Marcet—all in one school; the produce, however, not of one, but of two hospitals. In the other schools there was here and there a luminary, Mr. Abernethy the most remarkable; and the two Hunters, and Dr. Baillie, were still fresh in the memories of men.

One or two eminent men still linger on the stage, but they will be gone in a few years. Compare these with the men now employed in teaching medicine in London; compare them, not merely in talent and knowledge, but in those other qualities which form an eminent character, and give a man weight and importance in society, and that reader must be blind or obstinate indeed who can deny that, with a few bright exceptions, the race of medical teachers has deteriorated, is deteriorating, and ought to be regenerated. The establishment of an authorized and dignified college is just the thing wanted, to stem the current, and induce the most eminent men in the profession to undertake the task of teaching it, and to spend in that task an important portion of their lives. This is the only mode of insuring to the public that the men eminent for the extent of their practice shall be eminent for the extent of their knowledge. No man will thoroughly understand his profession unless he has been employed in teaching it.

NEW LYING-IN HOSPITAL.

WE have recently paid a visit to the handsome new building which has been erected in York Road, near Westminster Bridge, and which is just opened for the reception of patients; in the room of the old General (or as it was, perhaps, more usually called, the Westminster) Lying-in Hospital in Bridge Road. The old hospital was very badly constructed, the wards being by far too small and the whole arrangement inconvenient; but we are happy to say that the new fabric is free from these disadvantages, being admirably adapted both for the comfort and health of the patients. There are five large wards, besides a few smaller ones for patients requiring particular attention; and to each floor is attached a separate dining-room, warm bath room, nurse's apartments, water-closets, &c. We believe that there are only two lying-in hospitals in London where male house pupils are admitted—the Westminster and the Queen's, the former being by far the largest; and we cannot but take this opportunity of pointing out what peculiar advantages these institutions must afford for acquiring a practical knowledge of a most important branch of medicine. As the pupils are not admitted until they have attended regular courses of lectures on midwifery, they are intrusted with the management of cases much more freely than it would otherwise be prudent to allow; whilst they have constantly the advantage of the superintendence of the medical officers in those cases of difficulty which they might hesitate to undertake alone and unassisted. We can well imagine what must be the feelings of a young surgeon, new in practice, and meeting with his first case requiring the forceps, the perforator, or the operation of turning, never perhaps having attended more than half-a-dozen even natural cases in his life, with pro-

bably no FRIENDLY practitioner of experience near him. At these lying-in hospitals, however, more practical knowledge of difficult and dangerous cases may be gained in a few short months than can be gleaned in private practice in the course of years. At the Westminster we were happy to find that all the cases of the *in* patients are minutely registered by the pupils, and as many of those of the *out* patients as are of more than usual interest. We would suggest, however, to the medical officers that these cases ought not to be locked up in their own private archives; we have no doubt that many would be highly interesting to the profession in general, and we freely offer our pages for the purpose.

We understand that permission will be given to any medical practitioners desirous of inspecting the new hospital, on application to the matron or the medical officers.

THE BOTTLE CONJURER.

SOME years ago an impudent fellow advertised that on a certain evening, and at a certain place, he would get into a quart bottle. At the appointed time the doors were surrounded by a credulous multitude, who eagerly paid their money, and the house was soon filled to an over-flow. Those who had got in congratulated themselves on their good fortune, and pitied their unlucky friends who had not been able to obtain admittance. A few there were who had come to enjoy the scene *before* the curtain, and to see how the rogue would get out of the scrape. The buzz of expectation was hushed as the curtain slowly rose, and disclosed to their impatient gaze—a bottle?—No. A conjurer?—No! Neither bottle, nor conjurer, but a coarse, vulgar looking fellow, who informed them that he really had not been able to procure a quart bottle suited to his purpose, but that if they would come

again another day he would get into a pint bottle in its stead.

Since the days of the bottle conjurer many attempts have been made on the credulous in order to fill the pockets of the needy; and the trick was played off last week upon the medical pupils in London. Hand-bills were sent about the town, advertising that the recent regulations of the Apothecaries would be proved to be ILLEGAL in the following number of the *Lancet*. A few, as simple as the audience of the conjurer, expected the fulfilment of this promise; and what is the result? The cunning knave, like his prototype of old, postpones the fulfilment of his promise till another time. But then he says, buy yet another number of the *Lancet*, and I shall prove, not only that the regulations are illegal, but that the judges of the land are ignorant of the law;—for to such wise conclusion does the rhetoric of this modern Solon tend*. The power, which he is pleased to call illegal, has been discussed before the judges, and held by their unanimous decision to be good. His promises to prove them otherwise, like those of the conjurer, are merely to collect an audience: the former could not find “a bottle,” and the latter cannot find a single legal decision, “suited to his purpose.”

APOTHECARIES' COMPANY.

OUR correspondent, whose letter to the Court of Apothecaries will be found in the present Number, is perfectly correct in his opinion that we are not the representatives nor the instruments of any party. Our object has been, from the commencement of our Journal, to open a medium through which all parties might temperately state their grievances, and that they might not be compelled either to suffer abuses to pass

* “We contend—fearlessly contend—that the plaintiff in this action was *illegally nonsuited*.”—*Hud. v. Henley, Lancet, Nov. 1st, page 151.*

unnoticed, and, consequently, unre-
moved; or to notice them through a
polluted medium, which contaminates
all with which it is associated. Such
being our aim, we have given insertion
to the letter, and we beg to call to it the
attention of the very respectable body
to whom it is addressed, who, we are
satisfied, will give serious consideration
to all reasonable objections.

To raise the character of general
practitioners by increasing their infor-
mation, and extending their sphere of
usefulness; to give, by more liberal
education, nobler motives of action;
or to destroy all those petty and wretch-
ed feelings by which low and ignorant
men strive for advancement, at the ex-
pense of whatever is good and honour-
able; these, and these only, we believe
to be the motives by which the Company
of Apothecaries have been actuated.
None of them being themselves either
teachers, or even connected with any
school, it is as absurd as it is unjust to
attribute their regulations to interested
motives, even were these regulations in-
jurious to the real welfare either of the
pupil or the profession, which, in our
opinion, they are not.

COOPER *versus* WAKLEY.

THIS trial, as we mentioned last week,
has been postponed at the instance of
the defendant: it will come on in about
six weeks hence. We are glad to see
*that Mr. Cooper has put an advertise-
ment into the newspapers, giving the
names of the witnesses whom his oppo-
nent is, or affects to be, anxious to ob-
tain.*

NOTE REGARDING THE CURE OF SMALL LIVERS.

WE have received the following note, in
allusion to an important oversight in
the mode of treating small livers, lately
suggested by us.

*To the Editor of the London Medical
Gazette.*

Bath, Oct. 21, 1828.

GENTLEMEN,

With reference to the cure of small
livers, by sewing up the patient's vent,
as recommended in a late number of
the Gazette, it really appears to me
that if this method is adopted, although
it may cure the disease, it will leave the
patient in a sad predicament: for when
the liver has become sufficiently large
is the individual to remain absolute-
ly plugged up for life?

Now, in justice to an excellent and
highly respectable neighbour of mine,
allow me to suggest, that when Mr. V.
of London has done with the patient, or
the patient has done with him, he should
be transmitted to Mr. Hicks of Bath,
who will have no difficulty in re-esta-
blishing the passage.

Your's, with great respect,

BLADUD.

NON-DESCRIPT PRESCRIPTION.

THE following is one of the prescrip-
tions produced on a recent trial; we
know not what its "proper designa-
tion" may be, and therefore shall not
venture to conjecture whether it is the
production of a physician or surgeon,
but we can easily conceive that its
author would not be very anxious to
submit to examination in the art of
prescribing.

R *Ammon. Acetat.*

Acid. Citrici, ā. ʒij.

Liquor. Antimon. Tartarizat. min. xl.

Liquor. Ammon. Acetat.

Mucilagin. Acac. ā. ʒi.

Tinctur. Hyosciam. ʒi.

Sodæ Sulphat.

Sp. Æther. Nitrici, ā. ʒss.

Mistur. Amygdal. ʒiijss.

Mistur. Camphorat. ʒij.

*M. Fiat Mistura; ejus capiat Cochl. ij.
statim, et quartis repet. horis.*

Die Ang. 28, 1825.

E. H.

THE LATE MR. HEAVISIDE.

DIED, at Hampstead, on the 19th of
September, James Heaviside, Esq.
aged 80.

It is now nearly sixty years since Mr.
Heaviside came to London. He was
born at Hatfield, where his father was

a general practitioner, much esteemed by the neighbouring gentry, and particularly patronized by the Duke of Leeds and Lord Salisbury.

I had the pleasure of making Mr. Heaviside's acquaintance very early in life, and received many civilities from him, partly from that urbanity which was natural to him, and partly from some friendly recollections of a very near and dear relation of mine, with whom he was fellow pupil under the celebrated Percival Pott. My relation was the first person he saw on his entré at St. Bartholomew's hospital, to whom he expressed a strong feeling of regret, as "he had heard that the great surgeon had so many pupils as to leave little for the juniors to do." "Make yourself easy on that score," said —, "there are some of the idle and lazy will thank you for doing their work." So it turned out, and Heaviside had an opportunity of evincing that assiduity and "love of his profession" which characterized his surgical career.

His first start as a professional man was in Mortimer-street, Cavendish-square, when, having more leisure time than was good for his health, his father, thinking horse exercise would benefit it, purchased for him a surgeoncy in the Life Guards. Shortly afterwards he became a candidate for the office of assistant-surgeon to St. Bartholomew's hospital; and though he did not succeed, it must be remembered to his credit that he did not canvass for it, — a point of honour not so scrupulously attended to by his opponents.

When his father died he came into a fortune, on which he might have retired, but his character displayed itself, and he evinced "his love for the profession" (a favourite expression of his) by forming his museum, which for many years attracted public curiosity, and at last excited professional attention and jealousy; as some were pleased to think, that—

With coffee, tea, and butter'd rolls,
He found an easy way to people's souls; "

and which the envious insisted, pertained more of the nature of a discovery in philosophy than physiology.

Amongst the qualifications that fit a man for the important duties of a professional life, may be ranked punctuality, attention, assiduity, and gen-

tleness, all of which Mr. Heaviside possessed in an eminent degree, and they doubtless contributed largely to his success. He may be said to have lived in surgery for half a century. He never left London for recreation; and was always forthcoming whenever any emergency required his presence. His domestic staff was well appointed, and his zealous aide-de-camp, who was his valet for thirty years, never failed to produce his master at any hour of the day or night*; which, perhaps, may furnish us with a reason why he was so frequently attendant on casualties, and consequently so often figured as a witness in the courts of justice. "Egad," said Jekyl, one day, "we never have a *homicide*, or a *suicide*, or any other *cide*, without a *Heaviside*!"

It may, perhaps, be questioned whether, as religious zeal sometimes induces a person to be righteous over much, professional zeal may not also be carried too far. To exemplify this position: Mr. Heaviside entertained a notion, that in that most disagreeable of all casualties, namely, a duel, the surgeon could not be too near to his friend—a point by no means assented to, or acted upon, by our highest authorities; but no matter, this was his opinion, and his zeal led him to act up to it. Now it is very common to hear lawyers talk of the "wisdom of the law," and unluckily the law in its wisdom is opposed to this doctrine; so when an accident happens, which is technically called "*Murder*," the law very rudely pays no respect to persons, but in that case "made and provided," considers the surgeon as *particeps criminis*; and at a time when, in point of practice, Mr. Heaviside was considered as *second* to none in the profession (1803), the law very unceremoniously considered him as *second* to one out of it. He was committed to Newgate for murder. Thus in his person it was proved that, by an over zealous anxiety of a practitioner to save the life of his friend, he stands a chance of losing his own: a practical fact for the benefit of young surgeons, which was obtained at the expense of considerable "bodily fear" of the said John, and a "thou-

* This antiquated original still flourishes in the same street, having moved across to Mr. Earle's. He is a model of a professional man's servant.—ED.

sand pounds, monies numbered, his property"—as he told me himself.

[The above sketch, which we received from a facetious correspondent, ought to have appeared a fortnight ago; it had been mislaid.—ED.]

MR. GUTHRIE ON INFLAMMATION OF VEINS.

WE have received the following *reclamation* from Mr. Guthrie, and hasten to give it insertion, although at some inconvenience. With regard to the first part of the letter, in which Mr. Guthrie asserts his claim to priority in describing the effects of inflammation of the veins, we have nothing to do, never having expressed any opinion about the matter. The inaccuracies in our report, to which he alludes, appear to consist in having represented him as asserting that there were no symptoms of fever in such cases, and our calling amputation of the arm, "an inconsiderable wound." The latter was wrong, but does not in any way affect the questions at issue: the former is important, and arose from the following circumstances:—

Dr. Burne opened the debate by asking two questions—viz. whether there were symptoms of "disturbance of the brain" and of "depression of the nervous system." Mr. Arnott answered the former, but declined answering the latter unless the expression was defined. It was defined as meaning "such symptoms as manifested themselves in *adynamic* fever." Mr. Arnott still declined answering otherwise than by enumerating the symptoms; upon which Mr. Guthrie rose, and said that as Mr. Arnott would not answer the question he would. Now the question was, whether there were "such symptoms as manifested themselves in *adynamic* fever?" and to this we regarded Mr. Guthrie's answer and negation as referring; and that others likewise did so, is proved both by our having since asked several gentlemen who were present, and who had received the same impression as ourselves, and by the fact that Dr. Seymour immediately rose to express his dissent from Mr. Guthrie, stating that he had seen fever in such cases, and that Sir E. Home had said that, in all such, there was "putrid fever." To which

Mr. Guthrie replied, in words which all who were present must remember, "Future observers will not say so." A reply which confirmed us in our opinion, that Mr. Guthrie held that there was no fever—or, at all events, no *putrid* fever.

But it appears from Mr. Guthrie's letter, that he did not mean this, and that, in fact, his answer was directed to Dr. Burne's first question, with respect to the brain, and not to his second, with regard to fever; and which, indeed, seems entirely to have escaped Mr. G.'s memory. Mr. Guthrie does us wrong if he supposes that we intentionally misrepresented his sentiments, and we hope he will excuse us for hinting that there was a certain degree of *brusquerie* in his manner which prevented his meaning from being so clearly ascertained as if it had been more deliberately expressed.

To the Editor of the London Medical Gazette.

2, Berkeley-Street, Nov. 3, 1828.

SIR,

In the report of the proceedings of the Medical and Chirurgical Society, published in your Journal of last Saturday, the 1st Nov. considerable inaccuracy has taken place with respect to the expressions attributed to me; some things are added, others are omitted, and the sense of the whole thereby obscured. I should not, however, take the trouble of correcting these errors if it were not that the subjects of "inflammation of the veins occurring after amputation," and "of insidious attacks of inflammation in different parts of the body, accompanied by purulent deposits," after similar operations, were first brought by me before the public, and the attention of surgeons particularly drawn to the nature and treatment of these complaints. Previously to the publication of my work on gun-shot wounds, and on the great operations of amputation, in 1814, the occurrence of these complaints as a frequent, nay, the most common cause of death, after amputation, was not known. Mr. Hodgson, in his book, professedly written on the Diseases of Arteries and Veins, and who was thoroughly acquainted with the opinions then entertained by the profession, expressly says, page 555, "That division of veins in amputation is never, or very rarely, followed by those violent symptoms which are some-

times the consequence of tying a dilated vein." I shewed that this was an error: that inflammation of the veins was a very frequent cause of death in cases of amputation performed some time after the receipt of the injury. The investigations made at my desire, after the battle of Waterloo, in all the hospitals from thence through Antwerp, Yarmouth, Colchester, to London, proved that those complaints were among the most frequent causes of death after amputation; and the symptoms and treatment of them were fully developed and explained in the second edition of the same work, published in 1820, and especially in the third, in 1827.

With reference to the insidious attacks of inflammation in different parts of the body, accompanied by purulent deposits, I did not content myself with shewing their frequent occurrence after amputation alone, but adduced cases in which they had taken place after other injuries, and even noticed them as occurring in certain kinds of fever, in a similar manner, where there had been no previous wound, and little or no cause to suspect their formation. I cannot, therefore, submit to have my opinions misrepresented in your Journal, however accidentally and unintentionally it has been done; more especially as, in the various remarks you and others have lately made on these subjects, scarcely a reference is made to my work, in which both were first fully explained and brought before the public in a connected manner. That desultory facts may be found here and there in former writers, will not be disputed, but they were considered as accidental occurrences, not as demonstrating the nature of diseases very frequently present, and always to be dreaded. Whoever will take the trouble to read the third edition of my work, from pages 256 to 273, and from 286 to 301, with five pages of appendix, will find that, whatever may have been advanced of late in theory, nothing has been added, either in the description of the symptoms or in the treatment of these diseases.

The question put by Dr. Burne was not "whether symptoms of fever accompanied inflammation of the veins," but "whether the same degree of cerebral affection occurred as in typhus fever." My reply was, that there was

not the same degree of cerebral affection as in typhus fever. As my sentiments on this point are recorded, I shall take the liberty of extracting them as follows:—

"Inflammation of the veins is of two kinds, adhesive or healthy, and irritative or unhealthy, embracing all the different shades between them. The first kind is seldom observed when it does take place, and when observed is usually cured; the latter is almost invariably fatal. When a person, after undergoing amputation, is about to suffer from unhealthy inflammation of the veins, the pulse quickens, and continues above 90—usually from 100 to 130—until his dissolution. There are frequent attacks of vomiting, for the most part of a bilious character, accompanied by the common symptoms of fever. The tongue is white; the patient is sleepless, restless, and anxious. After the first few days there is usually a well-marked rigor, and this may be followed by others; but the exacerbations and remissions of fever are evident; the skin becomes tinged of a yellowish hue, and is often covered with perspiration; the bowels are very irregular; the pulse becomes weaker and more irritable, and increases in frequency as the disease goes on. The patient gradually sinks, or the febrile symptoms subside, with the exception of the frequency of pulse, which also may even be diminished; he rallies a little, and the appetite returns; but whilst he says he is better, and will get well, the daily, nay, almost hourly, deterioration of the appearance is well marked, and a slight accession of fever soon closes the scene. The stump is not in more pain than in many other cases in which no inconvenience follows, and frequently there is neither more pain nor suffering than is common to the operation; neither is there any remarkable pain or tenderness in the course of the vessels."

I may remark, that when the disease occurs after bleeding, it often runs a shorter course, the distance to the heart being so much less than when the inflammation takes place in the thigh. The extension of inflammation to the vena cava is not necessary to cause the death of the patient, but no one lives after it has reached the superior cava, or that portion of the inferior cava corresponding to the diaphragm. In the

case I alluded to as having lately occurred in the Westminster Hospital, the inflammation scarcely passed beyond the common iliac. This man, for several days preceding his death, sat up supported in his bed, ate beef-steaks, mutton-chops, and drank porter with great satisfaction and appetite; always said, during this period, he was getting better, whilst the daily emaciation was too remarkable to escape the most cursory observer. An accession of fever during the last two days terminated his existence. The other case I referred to, and which you have stated to be of "an inconsiderable wound," was one of amputation of the arm under peculiar circumstances; the particulars of which you may have from the gentleman who keeps my case book at the Westminster Hospital, on the men's side, if you please to inquire for it.—I am, Sir,

Your very obedient servant,
G. J. GUTHRIE.

HOSPITAL REPORTS.

PARIS HOSPITALS.

Case in which a Needle was accidentally introduced into the Larynx—Operation.

A MAN about 25 years of age was one day using a needle for the purpose of scratching his nostril: having let it go, it passed backwards into the fauces, and fell into the windpipe. The needle had a thread attached to it, which was also entirely drawn in, and disappeared. Violent fits of coughing and attempts at expectoration immediately came on: by these the end of the thread was ejected, and the patient laid hold of this and pulled it, expecting to draw out the needle. These attempts gave him great pain, but were unavailing. He continued for three days in a state of great anxiety and suffering, during which he made numerous ineffectual attempts to pull out the needle. At length he came to the *Beaujon*. At this time every movement of the pharynx, however slight, gave him exquisite pain, so that deglutition was almost impossible. The parts over the larynx were tumefied; the skin red and painful. The thread was still hanging out of the mouth, and some efforts were again made by the *interne* to extract the nee-

dle by pulling it gently, but in vain. M. Blandin, when he arrived, found that the thread had disappeared during the act of deglutition, nor could he recover it by introducing the fingers into the pharynx, nor by any other means. Uncertain whether the needle had really got into the larynx or the gullet, he was at a loss to know what to do, and therefore contented himself with applying 30 leeches to the throat, followed by a poultice, &c. Next day the patient was much in the same state, and was bled to 16 ounces, and had 20 leeches to the neck, &c. For two days more there was little to remark; when, during the visit, the patient expelled the end of the thread in a fit of coughing. M. Blandin laid hold of it with one hand, and run the fore finger of the other along it till he found it enter the larynx, a little to one side of the epiglottis. Having satisfied himself that the needle could not be pulled out, he fixed the thread upon the cheek with a little adhesive strap, and resolved to operate next day.

On the following morning the respiration was more difficult, and the voice more hoarse. M. Blandin having again previously tried various means of extracting the needle, proceeded to make an opening into the air passages. The patient was placed horizontally on a bed facing the light, and M. Blandin standing on the right side of the patient, fixed the larynx by embracing it with the left hand, and then endeavoured to find the crico-thyroidean space, but the swelling rendered this impossible; he therefore made an incision through the skin on the median line, about a third of the length of the throat, and afterwards divided the subjacent parts very cautiously: it was not till he had penetrated to the depth of an inch that he laid bare the crico-thyroid membrane. Some bleeding took place at this period, but the hæmorrhage soon ceased. The nail of the fore finger of the left hand was placed transversely on the membrane, which was then punctured, and cut in the same direction: a hissing was heard at the moment, and announced the entrance into the air tube. A grooved and curved director was introduced by the wound, and carried upwards, and the thyroid cartilage divided upon it, throughout its whole length. Respiration was now freely performed through this large opening, but the

voice was lost. A polypus forceps was introduced at two different times, and speedily withdrawn, on account of the irritation it excited,—but without the needle. The pincers appear to have been too large, and to have blocked up the entire passage, thus preventing the possibility of breathing either by the wound or by the glottis. Considering it possible that the needle might be expelled in a fit of coughing, the patient was put to bed, the wound being lightly covered with a piece of linen pierced with holes, and spread with cerate. The thread, by pulling one end (^m), had been unintentionally removed.

On the following day a needle nineteen lines in length, blackened, and, as it were, bronzed, was found attached to the compress laid over the wound. The patient recognized it immediately as the one which he had been using.

The wound healed very slowly. The operation was performed on the 22d of June, and a fistulous opening, with great weakness and hoarseness of voice, remained in September. On the 30th of that month, it is stated, that by means of caustic applied to the edges of the aperture, it had at length closed, and the voice regained some of its former strength.

M. Blandin appends some remarks to the above case, in which he points out the difference between an opening made into the air passages to keep up respiration, and one by which it is intended to extract a foreign body. A simple puncture answers for the former, but for the latter purpose the opening must bear a relation both to the pincers to be introduced and the body to be removed. Of the various modes of operating, he prefers that of *laryngotomie thyroïdienne*, such as he himself practised; and he strongly enjoins the surgeon to take care before he opens into the air passage that all oozing of blood has ceased, as suffocation might thus very readily be produced.—*Journal Hebdomadaire*.

Case of Wound of the Heart, in which the Patient survived the accident nearly Ten Days.

VICTOR JANSON, 16 years of age, on the 8th of September was in a cellar communicating with the kitchen by means of a narrow staircase: one of his companions, in jest, pointed a long and

very sharp knife at him, and then dared him to come up; Janson did so, and seizing the knife, pulled it from the other; the point was directed towards his body. He wounded himself; but as he felt no pain, he supposed he had only cut his waistcoat. He laid the knife upon the table, walked out into the court, and remained there ten minutes without even thinking about the accident. At the end of this time, he observed his clothes stained with blood; he vomited, and fell to the ground, saying he was killed.

A practitioner who was called to him bound up the wound, and had him transported to *La Charité*. The blood which flowed at this time was florid and brilliant. When brought to the hospital his face was pale, his lips colourless, eyelids drooping, respiration short and frequent, pulse small, frequent, and compressible, the shirt and clothes of the patient bathed in blood. Between the fourth and fifth ribs of the left side, near two fingers' breadth from the sternum, was a transverse aperture, from six to seven lines in length. No blood flowed then; but the patient having moved a little, and respired rather more strongly than before, it issued in a jet; soon after which it flowed in drops, and then ceased altogether. It was remarked that the wound of the integuments did not correspond exactly with that of the muscles or pleura; and this want of parallelism prevented the blood from having a free exit. In order to determine the exact direction in which the instrument had penetrated, and *the hæmorrhage continuing*, we introduced the extremity of a covered director into the wound; and seeing that it *tended* to run from within outwards, and from above downwards, we immediately withdrew it, without introducing it within the chest. We suspected, from this examination, that the heart might be wounded. The lips of the wound were gently approximated, by means of adhesive straps, and a compress and bandage applied, moderately tight. The left and back part of the chest emitted a dull sound on percussion; the respiratory murmur was feeble at the upper part, and entirely wanting beneath. On the right the sound was clear, and the respiratory murmur very perceptible. The patient being laid on his back, the sound was sufficiently clear above and in front,

but dull beneath and at the side, where the respiratory murmur was lost. These different signs clearly pointed out considerable extravasation of blood into the chest. The patient continued all this time with his eyes shut, and insensible. Notwithstanding the apparent weakness of his pulse, we bled him in the arm. A single spirt appeared; and although the vein was freely opened, the blood did not again flow till the hand was bathed in hot water. Nearly two porringers were then abstracted. Sinapisms were applied to the calves of the legs, the feet rolled in warm cloths, and the hands retained some minutes in the warm water.

The pulse soon rose; the patient opened his eyes, and spoke a few words, though with difficulty; the sinapisms giving pain, were removed; cold gum-water was given for drink, and the patient remained upon his back, with the head raised.

Next morning it was found that he had slept two hours during the night. Some re-action had manifested itself. He was directed, by M. Boyer, to be bled three times, viz. immediately, at mid-day, and at night. The first produced a momentary relief; the second and third, also, somewhat diminished the oppression.

The symptoms remaining undiminished, on the third day he was again bled, and the venesection once more repeated at night.

On the 11th (the fourth day) the patient was in great distress, and the dressings were removed. M. Boyer then directed him to cough; blood flowed copiously from the wound: it was dark-coloured. The left side of the thorax was observed to be more prominent than the other, and the intercostal spaces were obliterated: a portion of air entered the chest in lieu of the blood evacuated: the dressings were again applied. In the evening, the oppression continuing, twenty leeches were applied to the anus.

On the 12th and 13th he continued with gradually increasing oppression of respiration, anxiety, and general distress. On the 14th M. Boyer introduced a probe through the wound into the chest,—immediately the blood sprung to the height of several feet. He then removed the instrument, and tried to introduce his little finger. This brought on a kind of spasmodic action of the respi-

ratory muscles, and the blood escaped as before: air entered to occupy the place of the blood; the pulse became extremely feeble, and little or no relief was given to the breathing. From this time occasional bleedings took place from the wound; the patient continued very feeble, but with the intellect unimpaired, till the 17th, when he became delirious, uttered cries, and even got up in bed. About three o'clock in the morning he died.

Examination.—An incision was made at the inferior and back part of the thorax, through which about a pound and a half of blood was extracted. The chest was then opened with great precaution. An aperture was found in the pericardium, which was thickened and inflamed throughout its whole extent: it adhered to the heart only at the edges of the wound. It contained pus, particularly at the lower part, where the quantity was considerable: it was thick and greenish. An opening rather less than that in the pericardium existed in the left ventricle: this ventricle was removed by two incisions parallel to the septum. A stilette, introduced from without inwards, penetrated into its interior, and pushed out a little clot of blood. The inner aperture was extremely small. A false membrane, which lined the surface of the pericardium and the heart, extended itself across the wound: the heart appeared to be becoming inflamed, being thickened and very hard. There was no blood in the pericardium,—no artery that could be seen was wounded.—*Ibid.*

ST. GEORGE'S HOSPITAL.

Hernia — Venæsection employed — Inflammation of the Vein—Purulent depôts in and about the Shoulder and Knee-joint.

THE following is a curious and interesting case, especially at this particular time. It has always been our object to abridge, as much as possible, the cases we report; but in this instance we must claim the indulgence of our readers for the unavoidable length of the details.

CASE.—Alexander Dobie, ætat. 28, a stout and apparently healthy young man, was admitted at half-past three in the afternoon of the 14th September, with a tumor, apparently strangulated

hernia, in the right groin. The testis on that side had never descended, but lay in the inguinal canal, near the external abdominal ring. Five years before his admission, a second tumor made its appearance, which afterwards often came down, but could always be returned. Two or three years subsequent to its first appearance the hernia became strangulated, but at the end of three days was reduced by a surgeon; since which occurrence he had generally worn a truss. Whilst digging in a garden the day before admission, the hernia came down, and resisted all attempts at reduction. He experienced, however, neither vomiting nor nausea, and had two stools just before he entered the hospital.

When we saw him the tumor was as large as a hen's egg, tender in the highest degree upon pressure, but without much general disturbance, or pain of the abdomen. The man was of a remarkably captious and intractable temper, and prevented Mr. Keate from employing the taxis long or efficiently. He was bled to thirty ounces; the taxis thrice tried without effect; sickness supervened; and under these circumstances Mr. K. proposed the operation to the patient, who absolutely refused to undergo it. Calomel and extract of hyoseyamus, followed by tobacco-enema, were ordered; and next day the tenderness of abdomen had subsided, whilst the tumor still remained. With the aid of a senna draught, free evacuations from the intestinal canal took place on the two succeeding days; the local pain and tenderness quickly passed away; the testicle became distinct, and situate below the hernial protrusion; and, finally, this latter, though it never decidedly and suddenly "went up," progressively diminished in size, and ceased to be an object of attention. A new train of symptoms now arose, symptoms attended, in this hospital at least, with uniformly disastrous and fatal results.

The wound which had been made by the lancet in bleeding, festered and inflamed, but at first was considered a common sore-arm. The patient being feverish, was ordered, on the 22d, salines, with antimonial wine; and a purgative, composed of five grains of the submuriate of mercury with five of the antimonial powder. On the 25th, however, the inflammation at the bend

of the arm had increased; the arm was swollen from the elbow to the shoulder; a blush of erythema suffused the skin; the vein was thickened above the puncture; and matter could be pressed, to some slight extent, from the latter. No red line in the course of the vein was noticed at this or any subsequent time. The constitution sympathized, but not to the extent which it usually does in cases of severe venous inflammation. The symptoms were not typhoid, but rather partook of the irritative character; the skin was hot; the tongue moist and coated; pulse 86; bowels open; no delirium, and little alteration of manner.

Pulv. Ip. grs. xx. Ant. Tart. gr. i. pro emetico. Hyd. sub. grs. v. Op. gr. iss. post horas tres.

Liq. Ammon. Acet. Aq. distil. aa. 3vi. Syr. 3j. 4tis horis.

On the 26th he complained of shooting pain about the shoulder, which increased next day; in addition to which, matter seemed forming under the fascia at the bend of the arm. In the afternoon he had a rigor, a symptom in these cases that generally bodes the worst. At 5 P.M. an incision was made at the inside of the arm, opposite the inner condyle, but nothing was discovered. No relief ensued, and the morning of the 28th was ushered in by another fit of shivering, followed by re-action and sweating. The arm was now beginning to improve, and never after gave much inconvenience. On the 30th he was ordered camphor mixture, with the liquor ammoniæ acetatis and syrup. A rigor was experienced in the evening; he passed an indifferent night, and was worse on the 31st. The arm was kept constantly enveloped in a linseed poultice, and placed in the semi-bent position. On the 3d of November the arm was so well that the common erysipelas ointment was substituted for the linseed poultice; but on the 4th the patient all at once complained of trifling pain in the right knee, which, as well as the ham and the calf of the leg, was swollen and tender upon pressure. A lotion was applied, and a mixture taken, consisting of—

Haust. Salin. 3iss. Tinct. Humuli. 3j. Vin. Ant. Tart. ℥xx. Tinct. Op. ℥vi. quartis horis.

On the next day the swelling and

pain had increased, attended with some slight dyspnœa and cough. Ten leeches were applied, and succeeded on the 6th by eighteen more. On the 7th there was a pause in the local symptoms, but the voice was remarkably husky; the breathing not natural nor free. On the 8th no pain was experienced in the knee, but decided fluctuation was perceived both in and about the joint. Salines, with opium and tincture of bark was given. Next day the parts were hot and tender, in consequence of which ten leeches were applied, and a blister placed both above and below the knee on the 11th. The swelling, notwithstanding, extended; the fluctuation became more distinct; diarrhœa set in; and the system was evidently suffering severely. Confection of opium and chalk mixture restrained the diarrhœa, but the curious hoarseness of the voice, and a troublesome cough, continued unabated. These latter were treated with syrup of poppies and oxymel of squills, though not with any great success.

20th. — More fluctuation at the shoulder; great irritability, emaciation, and weakness; pain on motion of the upper or lower extremities; countenance marked by much anxiety. On the 22d an opening was made at the inferior part, and outside of the thigh; and five ounces of pus, or thereabouts, let out. This incision in the thigh was followed by another in the shoulder, two or three days afterwards; from the latter was evacuated an ounce of foetid pus. On the 27th the opening in the thigh was enlarged, and next day another incision had recourse to on the inside of the knee. On the 31st it was once more necessary to employ the lancet in the calf; but relief was beyond the reach of art, and worn to the bone by harassing suppurations and symptomatic fever, the patient expired on the 2d November.

Dissection.—When the patient was admitted he was stout and athletic, but now was little more than a mere *anatomie*. To avoid confusion we shall give the post mortem appearances according to the order of the principal symptoms during life.

State of the Hernia.—The testicle on that side lay, as has been mentioned, in the inguinal canal; it was small, scarce a third the dimensions of its fellow. The sac into which the protrusion had

descended was formed by what should have been the tunica vaginalis, so that the hernia was congenital, or, at least, had the same anatomical character. Nothing, at the time of the dissection, was “down.” Arising from the pubic side of the neck of the sac was a pouch of peritoneum, capable of containing the knuckle of a finger, to which a small portion of omentum was attached, though lightly and loosely. This little *tag* of omentum formed the inner margin of a larger mass, which lay in the abdomen opposite the sac, in which it had evidently once been contained. This mass was the size of an ordinary testis; bore few or no marks of preceding violent stricture upon it; and was probably much reduced in size from what it had originally been: save the slight connexion to the pouch above described it was free and unadherent. No intestine would seem to have ever descended.

State of the Veins of the Arm.—All trace of inflammation had passed from without, and the puncture was fairly healed. The median basilic had been wounded, which vein, in conjunction with one or two branches of the basilic itself, about the inner condyle, was thickened in its coats, and obliterated in its cavity. Some half-inch, or inch, above the puncture, the median basilic was pervious again, and so continued for two or three inches, when again its caliber was diminished, and its cavity choked up. This state of things continued as high as the junction of the common basilic and subscapular, that junction which constitutes the axillary trunk. Here the inflammation had spent its force; its traces were lost; and the axillary was as free, as healthy, and capacious, as ever. The cellular membrane, in the course of the brachial vessels, was condensed, and the vessels themselves in some degree matted together.

State of the Shoulder-joint.—Under the deltoid was one *foyer* of dark and semi-putrid looking pus. The bone was bare; the capsule of the shoulder-joint was gone—destroyed; the articulating cartilages destroyed also; in short, the most extensive mischief had occurred both within and without the joint.

State of the Knee and Thigh.—For the lower half of the thigh the femur was literally insulated from the soft parts round, by one collection of putrid

matter—periosteum, muscle, all were involved alike. The capsule, as in the shoulder, was no longer to be seen, at least in its upper part; the matter could be poured from the thigh into the knee-joint; or from that again into the thigh, with perfect facility; the cartilages were almost entirely destroyed, and the limb presented a shocking appearance. It is singular that the popliteal vessels, passing almost through the centre of the abscess, were free from inflammation, and pervious throughout. The vein was as healthy as possible. The viscera presented nothing remarkable; head not examined.

GUY'S HOSPITAL.

Purgatives administered by the Fingers !

A CASE occurred in this hospital last week, in the use of the croton oil, worthy of being put upon record. The sister and nurse of Job's ward were employed in rubbing the oil upon the abdomen of a patient obstinately constipated. About three hours afterwards, the sister, who had most freely used it, found herself smartly purged, at the same time feeling a peculiar sensation through her whole frame, and a nauseous taste in her mouth. Shortly after, the nurse also was seized with purging, though in less severity than the sister, and unaccompanied by the other symptoms. On the patient himself it did not act, which was explained by the disclosure, on the inspection post mortem, of a complete mechanical obstruction.

WORCESTER INFIRMARY.

Tumor over the Orbital Plate of the Frontal Bone, communicating with the Brain; related by Dr. Malden.

On the 30th March, 1824, I was requested to see A.B., a patient in the Worcester Infirmary, æt. 45, a labourer. A few hours before he had become insensible, with paralysis of all the muscles on the right side of the body: he had stertorous breathing, with the pupil of the eye contracted to a point, the iris motionless, and the pulse slow. He came to the infirmary a month before this time, complaining of pain and inflammation in his left eye, for which he was admitted by the surgeon. Upon examination, there was found a small fistu-

lous opening beneath the superciliary ridge of the affected eye, through which a probe could be passed to the back of the orbit. A fortnight after his admission, he was seized with shivering, nausea, quick pulse, some degree of somnolency alternating with restlessness, hot and dry surface, and flushed face. These symptoms subsided, and he continued better up to the time of the attack on the 30th of March, above described. Some white curdy matter escaped from the fistulous opening above the eye. Trepanning the frontal bone over the left orbit was proposed, but it was not done. Leeches were applied to the head; blood was also drawn from the temporal artery; and the bowels were, with difficulty, opened by strong purgatives and clysters of turpentine. He died five days after the appearance of the apoplectic symptoms.

Examination of the body, 24 hours after death.—A tumor, white and cheesy, of the size of a large walnut, lay above the left orbit, about the middle of the superciliary ridge. It appeared to have been formed between the tables of the frontal bone, which it had separated from each other, producing absorption of the cancellar structure: also of the inner table, and of the orbital plate, so that the tumor was in contact with the eye-ball beneath, and the dura mater behind. The dura mater was adherent to the tumor on one side, and to the pia mater on the other, and at the place of adhesion was blackened for the space of a shilling. Immediately behind the tumor was an abscess, occupying the whole anterior lobe of the left hemisphere of the brain, and containing three ounces of fœtid pus. The medullary substance of the brain, around the abscess, was softened, and had a yellow tint. The vessels of the brain were turgid with blood, and there were two ounces of serum in the lateral ventricles.—*Midland Med & Surg. Reporter, No. 2.*

EXTIRPATION OF THE UTERUS.

Two Cases in which Extirpation of the Uterus was performed by Dr. Blundell.

IN No. 36 of this Journal, Dr. Blundell published an account of a case in which he had removed the entire uterus with

success. In noticing this operation, a few weeks ago, we expressed a hope that Dr. Blundell would also give to the world two other cases, in which it was known that the result had not been so fortunate: these we now subjoin.

CASE I.—Mrs. A. B. æt. 33, the mother of six children, the last born seven years ago, of constitution naturally healthy, came under my observation, reduced by malignant disorganization of the neck and mouth of the uterus and upper part of the vagina. There was ulceration, flooding, copious watery and offensive discharge, the constitution was giving way, and it seemed probable life would not be protracted beyond one or two months. Assisted by Mr. Callaway and Mr. Martin of Horsham, I extirpated the uterus, together with the diseased portion of the vagina, the woman living for thirty-nine hours afterwards, but never thoroughly rallying. She expressed herself highly gratified with the relief of her central pains, but the skin remained clammy, the pulse ranged between 135 and 145 in the minute, small and weak, and there was a continual feeling of debility, mixed with that kind of composure which is so often observed at the fatal close of puerperal fever. Though no ligatures were applied, only six or eight ounces of blood were lost during the operation. The womb was as large as a goose's egg. All parties were candidly informed of the great danger of the operation before it was undertaken, and the patient herself was anxious that it should be attempted, as she felt without other hope. From examination after death it appears that the diseased mass was entirely removed, without any injury to the intestines, bladder, ureter, or urethra. Mr. Green and Mr. Callaway very carefully inspected the body. The bladder was fallen into the chasm, formed by the removal of the uterus, so that it lay upon the front of the rectum, and closed the head of the vagina. In the cavity of the pelvis there were two or three ounces of bloody serum, which might have been easily discharged by passing the finger between the bladder and rectum: the formation of adhesions was begun.

CASE II.—Mrs. —, æt. 40, of dark complexion, spare make, and the mother of several children, was labouring under scirrhusity and thickening of the neck of the uterus and about a quar-

ter of the vagina above, with some ulceration, and feeling herself in a state of rapid decay, she was, together with her friends, after the failure of other means, anxious that the operation should be tried.

The vagina was lax and the uterus moveable. The dangers and the uncertainties inseparable from the removal of the uterus, in the present state of abdominal surgery, were candidly laid before all parties concerned. Mr. Green of St. Thomas's Hospital, and Mr. Morgan of Guy's Hospital, considering that the constitution was not unfavourable for an operation of this kind, the patient still persevering in her wish, the parts, consisting of the whole womb and the upper part of the vagina, were removed. When the sides of the vagina and broad ligaments were cut through, the principal hæmorrhage occurred, amounting perhaps to nine or ten ounces of venous blood. When the uterus was drawn down, the principal pain and collapse were produced. After the operation, the pulse became for a few minutes imperceptible at the wrist, afterwards gradually returning and ranging between 125 and 130 in the minute, with occasional though not frequent intermissions. Large doses of the tinct. opii were given, and the patient lay for the most part composed, with occasional slumbers: now and then tendency to restlessness was observed, although a complete rally could not be obtained. From the time of the removal of the parts the patient went on sinking, and died at the end of about nine hours, without scarcely a struggle. An examination instituted next day by Mr. Green and Mr. Morgan, proved, that the intestines, bladder, and ureters, remained uninjured. Some two or three ounces of clotted blood were found in the cavity of the pelvis, in a situation admitting of easy removal through the outlet. The womb was twice as large as in Mrs. Moulden's case*, and the vessels, as appeared from examination of the womb itself and of the parts within the pelvis, from which it had been separated, were of considerable size, especially the veins. Death here seemed to be produced partly by the loss of blood, but mainly by the shock of the operation.

* See page 294 of this Journal.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

CASE OF SOMNAMBULISM.

MDLLE. E. eighteen years of age, of delicate constitution and nervous temperament, had a slight cold, to which little attention was paid till after the expiration of a fortnight, when her throat became sore, requiring the use of baths, fomentations, &c. She was also bled in the foot, an operation which produced faintness, and was followed by slight convulsions. The sore throat disappeared, but she was attacked first with severe tooth-ache—then with fixed pain above the orbits. She became tired of taking remedies, and exhausted with suffering. At the end of a month she was better; when one night she precipitated herself, without knowing how, from the room where she slept into the court below, a height of about eight or ten feet: she was fortunately but little hurt. A short time after, Dr. Laurand, who attended her, having paid his visit rather earlier than usual, found his patient still in bed, but dressed as for a ball; with flowers, necklace, &c. &c. Mdlle. E. was herself very much astonished when she discovered how she was covered with ornaments, and had no recollection of having put them on. For some days she complained that extraordinary things happened to her during her sleep: at one time her sheets had been removed; at another she woke holding a bottle in her hand, &c. Every effort was now made to quiet her apprehensions, and she was watched, unknown to her. Dr. Laurand undertook this office himself. Scarcely had she fallen asleep when she attempted to sit up. She was then awoke with great precaution, but appeared mortified, and cried for a long time before she fell asleep again. Two hours after she got up very gently, and the doctor, with a light in his hand, preceded her as she walked. She went towards the chimney-piece, and taking down a glass, which had been accidentally left there, proceeded across the apartment; turned aside to avoid a door, which was ajar, and opened very dexterously another, which was shut; avoided a third, which was in her way like the first, and continued her course to the kitchen.

During the whole of the way she walked without hesitation, having the eyelids partly open, with the eyes motionless and fixed before her, without regard to the light. Her pulse, which was cautiously felt, was regular, but rather frequent; and the respiration hurried, as in a person agitated by a dream. She resembled an automaton, of which one almost expected to hear the internal machinery in motion. When in the kitchen she opened a stop-cock, filled the glass she had brought with water, and drank it; placed the glass upon a table, and turned to retrace her steps. Her mother, who was now present, thought it advisable to stop her, and woke her suddenly. She was much frightened; and afterwards wept for a long time. After this, in compliance with the advice of Dr. Laurand, she was not suffered to rise when she attempted it, but was gently awoke by passing a feather over her lips. She was treated with great kindness; amusements were contrived; and her attention diverted. Her diet was light; no supper was allowed; and laxatives and valerian were prescribed. Under this plan the somnambulism permanently disappeared at the end of three weeks.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

October 29th, 1828.

DR. BILLING, PRESIDENT, IN THE CHAIR.

THE minutes of the former meeting were read and confirmed, with the exception of the case related by Dr. Macbraire, and noticed in last report of this society's proceedings, in the Gazette. It appears to have been a case of empyema, in which paracentesis had been performed, and there is a fair prospect of a successful termination.

A resolution was then agreed to as a mournful tribute to the memory of Dr. Robinson; after which the evening was occupied with details connected with the obstetrical department.

Mr. Waller exhibited to the meeting an instrument for effecting transfusion. It was constructed by Mr. Lloyd, instrument-maker, in the Borough, and was thought to afford great facility for the performance of this operation, and to provide against the injurious consequences apprehended from other instruments. Mr. Waller believed that this

operation had only once proved fatal. In that instance, air was found in one of the cavities of the heart.

Several members related instances of the efficacy of the ergot of rye in promoting uterine action, and Dr. Whiting detailed a case of passive uterine hæmorrhage, in which it appeared to have been very beneficial. The uterus was unimpregnated.

Mr. Wigan stated, that he had found bandaging the limbs and body very serviceable under the exhaustion consequent on active uterine hæmorrhage; and that the injection of ice-cold water into the rectum was almost a specific for passive uterine hæmorrhage.

The remainder of the evening was occupied by a discussion as to the propriety of manual interference in cases of abortion.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Oct. 25.

DR. JAMES SOMERVILLE IN THE CHAIR.

A CASE of aneurism of the aorta was related by Dr. Gregory. The following is a description of the parts:—

There are three aneurisms about the arch of the aorta; one on its convex edge, just beyond the origin of the great vessels of the neck; a second nearly opposite to this, on the concave edge of the arch; and a third two inches from the first, on the side of the aorta. The first and second were nearly filled with layers of adherent coagulum. The first is of the size of a small orange; the second of the size of a chesnut; the third, which is a pouch, something less in size than the second, contained no coagulum.

The opening into the third has an abrupt circular margin, and is of the same diameter with the aorta; but this aneurism has certainly arisen from dilatation, not from rupture of the inner coat of the vessel; for the lining membrane of the sac is not merely continuous with the inner tunic of the aorta, and separable with it, but is irregularly studded upon its whole superficies with those tubercular and almost cartilaginous thickenings which are a characteristic form of disease of the inner coat of arteries, and which in this instance occupy the whole of the inner surface of the aorta.

The appearance of the second aneurism, upon removing the clot, is very similar to that of the third.

The first is remarkable for the extent of its aperture, which is oval, and three inches long in its diameter. The part of the lining membrane of this sac, adjacent to the aorta, has the appearance above described; the rest is simple membrane. This aneurism was probably of a mixed nature, while the other two are instances of true aneurism.

Saturday, Nov. 1.

DR. A. T. THOMSON IN THE CHAIR.

A paper was read by Dr. Leonard Steuart on the subdivisions of the profession, which did not excite much discussion. Mr. Mayo then related some cases of varicose vein, which he had treated by the application of caustic. Dr. J. Johnson afterwards spoke on intermittent diseases. Some attempt was made to recur to the original subject, and the whole discussion was exceedingly desultory and irregular. We must also notice another circumstance calculated to lower the respectability of the Society, and bring it into disrepute; we mean the practice of applauding the speakers. We hope, if this be continued, that the presidents will interfere, to check so absurd and improper a proceeding.

NOTICES.

We thank "Mr. Cox, of Birmingham," for his communication. It came too late for the purpose for which it was intended, but we shall probably make use of it on a future occasion.

The Anonymous Paper, from Birmingham, is under consideration.

We shall avail ourself of "Mr. N.'s" offer. His case in our next.

"A Well Wisher" will perceive that his attention was not thrown away. He has our best thanks.

We have received "Dr. Burder's Packet," and thank him for it.

We shall give attention to the suggestions of "A Subscriber."

"Mr. D." will find two letters on the same subject as his in the present No., he will therefore excuse our declining to insert his, as the others appear to us sufficient.

The communications of "Brito"—"Mr. Spark"—"Mr. Blood"—"Mr. S. Cooper"—"Mr. Mantell," and "Mr. Burnett," have been received.

BOOKS RECEIVED FOR REVIEW.

Ashwell's Practical Treatise on Parturition, with thirteen plates.

Midland Medical and Surgical Reporter, No. II.

Farr on Cancerous Ulceration.

Essay on Diseased Joints, &c. by Thomas Buchanan.

Christie's Observations on Cholera.

Bell on Diseases of the Bones.

Amesbury's Observations on Fractures.

ERRATA.

In our last Number, p. 692, for "the hospital surgeons is," read "the hospital surgeon is;" and p. 695, for "*cæteres paribus*," read "*cæteris paribus*;" and p. 697, for "at dark," read "at dusk."

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A

WEEKLY JOURNAL

OF

Medicine and the Collateral Sciences.

No. 50.] SATURDAY, NOVEMBER 15, 1828. [VOL. II.

ESSAYS ON SYPHILIS.

By JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 616.]

RHEUMATISM CONNECTED WITH GONORRHOEA.

THE next affection which I shall mention as a consequence of gonorrhœa is rheumatism; that is, pain and swelling of the knees and ankles especially. This is the most usual form which the complaint assumes, though in a few very rare instances the symptoms have been more general, the pain more acute, and the general disturbance of the system more severe. These diseases are scarcely mentioned by any writer upon venereal complaints, at which Swediaur expresses his astonishment; though, in fact, what he has said upon this subject is very unsatisfactory, and proves that it was but imperfectly known even to him: it has not, however, escaped the penetration of Mr. Brodie. Here, again, we are told that a suppression of the gonorrhœal discharge is the cause of the attack; but in the cases which have fallen under my own observation, this must be understood in a very qualified sense. I think it may be fairly said, that neither the affection of the joints, nor the more general rheumatism, come on until the gonorrhœa is upon the decline; and occasionally it has appeared to have succeeded to a sudden cessation of the discharge, following the use of cubebs or copaiba, in large doses; so that those medicines have not escaped the imputation of having been the remote causes of the attack. The subject is too little understood, and the exam-

ples of the disease too unfrequent, to permit me to indulge in theoretical views. All I can with confidence assert is, that an attack of pain, and enlargement of the joints of the knees and ankles, sometimes take place suddenly towards the termination of a gonorrhœa. The subjects of these attacks are usually young men of strumous habits, of florid complexions, and not particularly robust. There is often much puffiness and tenderness of the ankles, especially towards evening; the skin is not externally red; and the pain is not very much augmented by gentle pressure; the pulse is usually more frequent than in a state of health; the stomach sympathizes also in the attack; the appetite declines, or fails altogether; and now and then it happens that all these symptoms are suddenly relieved by an eruption of papulæ, in clusters; or sometimes by pustules, in very minute patches. When these appear not only are the pains relieved, but the constitutional symptoms also yield; and the eruption, after some days, sometimes, indeed, not for some weeks, grows paler, and a disquamation succeeds, leaving a slightly discoloured state of the skin, which, however, gradually wears itself out. This is the progress of the symptoms when left to themselves; but medicine can do much to relieve them, and to facilitate and hasten their course. In the first attack of pain and swelling of the joints, rest, and confinement to bed, together with the employment of local or general blood-letting, will be necessary; though the use of the lancet is, I think, upon the whole, much to be preferred to the application of leeches; but the bleeding should not be carried to any extent.

This should be accompanied with the exhibition of saline antimonial medicines, combined with the compound powder of ipecacuanha, in doses of five or six grains, with an interval of four or five hours between each; or what sometimes answers still better, the *vinum colchici*, in such doses as will produce some effect upon the stomach and bowels. For this purpose, one drachm of the wine may be given as a single dose, mixed with magnesia and camphorated mixture, and a very sudden remission of the pain is frequently the consequence; or, if preferred, the same remedy may be given in more divided doses, from twenty to twenty-five minims every five or six hours. When, by either or all of these means, the pains are relieved, and the pulse returns to its healthy standard, frictions to the limbs, either of camphorette spirits, or with the flesh brush, and the internal use of the compound decoction of sarsaparilla, will tend to restore the tone and vigour of the system. If the joints continue swollen and stiff, the warm salt-water bath may be used three times in the week, and a moderate share of exercise permitted, provided the weather admits of it.

In those cases where the affection of the joints is succeeded by eruptions of the papular or pustular forms, (sometimes, indeed, they are mingled together in the same individual), in addition to the sarsaparilla, small alterative doses of mercury may be conjoined. Of these, the best form is, I believe, the compound calomel pill of the present pharmacopœia. Under its judicious and careful use the eruptions will fade away much more quickly, and the strength and health will be more speedily restored than by the mere vegetable remedy alone. It is not necessary, even in these cases, to carry the exhibition of mercury to the extent of salivation, though a slight tenderness of the gums is not by any means objectionable. One caution, however, is, I think, absolutely necessary; that is, never to persevere in the use of the mercury if it deranges the bowels, or appears to excite any disturbance in the system, denoted by acceleration of the pulse, restlessness, or disturbed sleep at night. Such is the plan of treatment which I should adopt in these affections; but when we have to encounter the more rare, but at the same time more formi-

dable cases of general rheumatism, the mode of treatment must be more assimilated to that which we should practice in cases unconnected with any gonorrhœal origin; that is, bleeding may occasionally be necessary. Antimonials or colchicum, with opium and the warm-bath, will be indicated according to the extent and severity of the symptoms; though in the convalescent state the sea-air and bathing are equally appropriate, and more necessary even than in the former instances.

Among the medicines most efficacious in removing the chronic stage of this disease, bark and guaicum hold the first rank. The ammoniated tincture of guaicum is, indeed, in these instances, a most invaluable remedy, given in doses of from forty to sixty drops, in combination with the decoction of bark, two or three times in the day.

I have once or twice found these rheumatic complaints dependent upon an irritable state of the urethra, the consequence of a long continued or repeated discharge; and in these cases the symptoms are rather remarkable for their obstinacy than for their violence. Here a painful condition of the feet is often one of the most distressing symptoms, which is sometimes a little better, at others again aggravated, without any apparent reason. In these patients the cure cannot be expected until, by the employment of bougies, the urethra is restored to a healthy state. All that I have just said relative to rheumatism accompanying or following gonorrhœa, is the result of my own observation and experience; but it would be unjust not to allude to the remarks which Mr. Brodie has presented to us upon this obscure subject in his valuable treatise on Diseases of the Joints. Of this affection he has published several cases, all confirming the principal points I have adverted to: they prove that these rheumatic symptoms occasionally come on during the continuance of the gonorrhœa; that it is sometimes accompanied with, or alternates with conjunctival inflammation of the eye; that the complaint now and then is met with merely in conjunction with irritable urethra. In one case the muscles of the abdomen partook of the attack, and there was an occasional impediment to breathing, which seemed to arise from a similar affection of the diaphragm.

Mr. Brodie comments very forcibly

upon the severity and tediousness of these symptoms, together with the strong tendency to relapse, that always exists. In the treatment, with the exception of the colchicum, he is disposed to think that few medicines exert much influence over the complaint, although the method of cure which he advocates approaches as nearly as possible to that which I have described. Whoever wishes to read these interesting cases may find them at page 58 of the last edition of Mr. Brodie's work. In the last case related by that gentleman there is a circumstance mentioned which is quite consonant to my experience; that is, the exacerbation of the pain by the application of blisters to the swollen joint. I have not observed them to be followed by any beneficial result, and therefore I have not recommended their employment. In two cases it has occurred to me to see ulcerations of the soft palate, leading to a diseased condition of the palate bone, consecutive upon a virulent gonorrhœa. The disease had been in both instances of the most violent and intractable nature: the ulceration of the palate took place about two months from the apparent cure of the discharge. It was preceded by an inflammatory blush of the whole palatine arch; a small pimple formed and burst just where the *velum pendulum palati* begins; this spread rapidly until the ulceration assumed the size of a silver three-pence; and continued then with a sloughy bottom, and without much pain, but indisposed to heal by all the simple means employed for that purpose. The patient was of a strumous habit and very irritable constitution. The first appearance of the disease was accompanied with much fever, which gave way to active purging and antimonial medicine. Sarsaparilla was afterwards freely employed; but it was not until mercury was conjoined that a cure was effected. In one case the course appeared not to have been carried to a sufficient extent: the ulceration broke out again; disease of the superior maxillary bone ensued; exfoliation took place; and the patient finally recovered after a long course of mercury.

These cases are, I conceive, highly interesting, because they are certainly proofs of affections of the throat and spongy bones, directly arising from gonorrhœa, and gonorrhœa only. They are

rare, perhaps very rare occurrences, not sufficiently common to cause a revolution in our practice, but sufficiently important to call our attention to any similar affection which we must not reject as syphilitic, and withhold the exhibition of mercury merely because we can only trace gonorrhœa as a primary symptom. We must recollect how much is depending upon our coming to a right decision upon a question of such importance to the comfort and welfare of our patient, and not obstinately refuse a remedy which, judiciously managed, will undoubtedly lead to a successful issue, because the phenomena are not exactly in accordance with our preconceived notions. This is a subject to which my attention has lately been particularly called, and it stands in need of farther elucidation.

There is only one more presumed consequence of gonorrhœa which I have to speak of. Of this I have never met with an instance. It is, however, mentioned by several authors, and among the rest Swediaur, who calls it *cophosis*, or deafness, arising from the suppression of a gonorrhœa, of which he says he saw one case in the course of his practice. This, we are told, is sometimes attended by a puriform discharge from the ears, and that both these symptoms are remedied by a course of mercury. It was necessary for me to mention these observations, but I cannot confirm them from my own experience.

PRIMARY SYMPTOMS OF SYPHILIS.

Having now disposed of the subject of gonorrhœa, together with its real and presumed consequences, I come to the description of the primary symptoms of syphilis; that is, of *chancre* and *bubo*. The former term has for many years held an undisputed reign, but its meaning has become, in the course of time, so restricted, that we have now almost discarded it from our vocabulary, and are contented to call the primary affections on the parts of generation by the more familiar term of ulcerations; adopting a distinctive epithet to them, such as is afforded either by their appearance or situation. I do not object to this change; the word chancre is both unscientific in its origin and useless in its application, and never has been found to answer the purposes of description without much cir-

cumlocution. It implies, in fact, a cancerous sore, and has been enlisted, if I may so call it, into the service, merely on account of the supposed corrosive and intractable nature of venereal ulceration. It is a word of great antiquity, however, and was made use of to express certain unhealthy and obstinate sores on the sexual organs before the invasion of syphilis. Astruc treats of venereal ulcers under this name, but his very description proves that he did not restrict his meaning within such narrow bounds as modern authors have done, but that he admitted several descriptions of sore under this one appellation. In the first place, remark his definition of a chancre: "*sunt ulcera exigua (he says), superficialia, parum cava, rotunda, callosa, contumacia, quæ à venereo contagio, in pudendis succrescunt et repullulant;*" and then, a little farther on, he adds, that they differ in their situation, in number, and in quality; sometimes not being hard or callous; being more benign; affording good pus; having neither inflamed nor tumid edges; sometimes having ragged and irregular edges, with a livid bottom, &c. &c. So that here he at once overturns his former definition by admitting these various shades and distinctions; and in his diagnosis he especially relies upon the contumacious nature of the venereal sore or chancre. I by no means blame Astruc for marking these differences; they afford abundant proof of the accuracy and depth of knowledge which he possessed; but I do lament that he should have thought fit to attempt the definition of a sore which necessarily varies its appearances so much from the different situations in which it is placed, from peculiarities in the habit of the person receiving the infection, and even from the method of treatment adopted in the first instance.

The same observations apply to Mr. Hunter's definition, which for many years was universally believed and adopted; that is, theoretically, for it never was adopted in practice even by Mr. Hunter himself; and those who read his cases will soon discover that practically he did not draw his distinctions quite so fine, but was contented to have recourse to mercurial treatment in many obstinate ulcerations, not exactly or strictly comprised within the definition of sores having a hard edge and base: in fact, he abandons his own

definition almost as soon as he has made it, for within the space of a few paragraphs he observes, that venereal ulcers have commonly one character, which, however, is not entirely peculiar to them, for many sores that have no disposition to heal have so far the same character.

After all this pretence of accuracy of discrimination, what does the learned Astruc say? Why, that if the patient wishes to conceal the origin of the complaint, as (he remarks) is very common with widows, or even with men who wish to preserve a reputation for chastity, you must draw your diagnosis, not from appearances alone. Thus, if in the female you find ulcers on the clitoris, on the *carunculæ myrtiformis*, or the *nymphæ*—if they be numerous, clustered together, malignant, and run their course quickly—it is *probable* that they arise from a recent connexion; and the same remarks apply to sores on the prepuce, and especially about the *frænum* in men. It must be recollected, that although the parts of generation are the usual seats of syphilitic sores, that they may occur in other situations; a common cut on the finger may be infected; the lip and the tongue may also possibly receive the poison. A venereal ulcer of the finger I have seen myself, the origin of which was for a long time denied by the patient and doubted by the surgeon; but its character was afterwards ascertained, and a mild administration of mercury produced a speedy and permanent cure. It would be contrary to all I have before urged if I wished it to be implied that this latter circumstance alone were a proof of the sore having been syphilitic; on the contrary it was the history of the case, and that alone, which led to the treatment. Independently, then, of these situations, the venereal virus may be applied to the organs of generation in man under three different circumstances; it may be applied to a wound, to a non-secreting surface, such as the cutis of the prepuce, or penis itself; or to a secretory surface, as the *corona glandis*, or glans. Again, we may suppose that the virus is received in every differing state or grade of health, and constitutional integrity; it may have been neglected, or aggravated by the ill conduct of the patient; it may have been permitted to run its course not only unmolested or

uninterfered with, but it may have been even thrown out of its natural and usual train by ill treatment, or applications little adapted to its then condition; and, finally, it may be presented first to the inspection of the surgeon under several different stages of its progress. When I have enumerated these varying conditions under which a syphilitic ulcer may be met with, can it be any longer necessary to express astonishment if no definite description can include all the forms and species of these ulcerations; and that, with the exception of one circumstance only, an inaptitude to heal, they may present every variety of appearance which a breach of surface may be supposed to assume?

The next general observation connected with syphilitic sores is the time that may elapse between the application of the poison and the breaking out of the disease. Authors differ much in their accounts upon this point, and it is not wonderful that such should be the case, since we must rely upon the history which the patient chooses to give; and in no other disease are we so often exposed to the chance of imposition. Generally speaking, there will be a considerable difference in the activity of the poison, according as it has been applied to the cutis, to the cuticle, or to the glans itself. Ulceration will take place earlier in the latter situation, and latest of all on the skin of the penis. There are some few remarkable cases related wherein the poison appears to have been inactive for three or four weeks. Mr. Hunter relates two instances of a still more tardy infection: in one case, seven weeks elapsed before the chancre made its appearance; in the other, two months. Granting the histories given by these patients to have been true, it is possible that some deranged condition of the general health may have delayed the development of the local disease; in one, the sore appears to have been excited by very great bodily exertion and fatigue. But most commonly it begins to exert its power within a week or ten days after the connexion. The first appearance of a syphilitic ulcer, according to the united testimony of all writers, both ancient and modern, is in the form of a pimple or small pustule, whenever it has been traced to its commencement; which, as I have elsewhere said, appears to me to be a strong

argument for the unity of the syphilitic poison. That some sores occasionally commence by a gangrenous spot, or that sloughing takes place very early, is no proof to the contrary, because there can be no reason given why common inflammation, gangrene, or sloughing, should not, under certain conditions of the system, take place in this as well as in any other local disease; and here, as in other instances, the most usual effect is that of superseding the original poison, as will be more fully explained presently. It is singular that these most important considerations should only have been loosely alluded to by Mr. Hunter; that he has, in his method of treatment, advocated only one line of conduct as applicable to venereal ulceration, since he could not but be aware that, in these very different conditions, the use of mercury could not be beneficially resorted to with the same degree of confidence, or even of safety. In fact, no man, in the treatment of particular cases, varied and modified his means of cure more than Mr. Hunter; and his Treatise is chiefly defective, as a practical work, inasmuch as it affords no guide to the student as to when, or under what circumstances, mercury should be administered, or when it should be withheld. Such are the general observations which I have thought it necessary to make prior to my entering into a detailed description of particular forms of ulceration.

It may be generally admitted that hardness is an accompanying mark of all syphilitic sores; that they also usually put on a figure approaching to the circular, and are not necessarily attended with much surrounding inflammation and pain, though they are liable to be attacked by it, and then their sensibility becomes greatly augmented: but there are also a few diseased appearances to which the parts of generation are liable, which it may be as well to endeavour to distinguish from the different forms of syphilitic ulcerations. These are, chiefly, excoriations, herpes either of the internal prepuce or of the cutis itself, common phlegmonous boils, or small apthous-looking ulcerations occurring in clusters; and most of these may come on independently of sexual intercourse, though it is obvious that few men are able positively to assert that this is the case;

and hence arises the alarm which any breach of surface on these parts immediately occasions. Excoriations most frequently take place in those persons who have the prepuce long, and where cleanliness is not strictly observed, and the natural discharge from the parts is in great quantity. I have seen these appearances produced without any suspicion of sexual connexion. In this case the excoriation is often extensive, the discharge profuse, but there is no accompanying inflammation; the part looks as if the cuticle were merely stripped off, and common cleanliness, or at most a wash with a few grains of the sulphate of zinc in water, rapidly gets rid of the discharge, and the excoriation heals. It often happens that in these cases the glans cannot be denuded for a day or two; but by the touch it may easily be ascertained that no ulcers exist within the prepuce, and the injection of the same lotion between it and the glans will speedily confirm this opinion, by enabling the patient to denude that part. There are some men who seldom or ever have a connexion without producing a slight breach of surface. Sometimes this has the appearance of a patch of a greyish colour, without depth or hardness surrounding it, often yielding little or no discharge, at others exuding some moisture; occasionally the excoriation assumes the form of a slight fissure or crack; but in all these cases these appearances are observed either directly or within a few hours after connexion; they are apt to remain in an indolent condition for some days, but seldom shew any disposition to spread unless interfered with by the application of irritating substances. I have found the powdered lapis calaminaris, or a very weak solution of the liq. plumbi acetatis, agree with them best: they heal under this mild management usually with facility, and always without leaving any scar or evidence of their previous existence. In all these cases it will be necessary to restrict the patient somewhat from his usual pleasures, to direct some change of diet, and perhaps to administer a cathartic. Here, then, the early appearance of the sore, its want of depth, (that is, the absence of the ulcerative process) will enable us to form a judgment of the nature of the complaint, and to pronounce at once upon the propriety and

safety of treating it by local means; though it does not unfrequently happen that the perfect restoration of the part will occupy a week or ten days to accomplish. Another description of sore is sometimes met with more particularly round the corona glandis, that is, very minute apthous-looking points, which are sometimes in clusters, and at others extend around the whole of the glans; some will heal whilst fresh ones break out; they are totally devoid of pain, and are best got rid of by the application of the lunar caustic, or a wash composed of the acetate or sulphate of copper in proper proportions. I have known these appearances last a considerable time, but they are not certainly followed by any constitutional affection, and may be trusted entirely to local applications of the stimulating kind. Of herpes preputialis we have an admirable account in Dr. Bateman's Synopsis of Cutaneous Diseases. Herpes may attack the external skin, the inner surface of the prepuce, or the glans itself: in either case it is not difficult to distinguish. It commences with a troublesome itching of the part. On examination, a red patch will be perceived; and, shortly after, minute vesicles appear, which are quickly succeeded by others, forming generally a circle. Sometimes the former set heal before the succeeding ones are fully developed; at others, they all congregate together, and form one sore. If they are not seen by the surgeon until this has taken place, and the history of the disease is not attended to, they may lead to an erroneous opinion. The herpes preputialis is often attended with a deranged condition of the health, particularly of the stomach and bowels; and inquiry will often afford us a clue, by shewing that the patient has, at other periods, been subject to this eruption in other parts. The treatment of this disease is very simple: a mild saturnine wash, in a very diluted state, forms the best application. The complaint usually runs its course in about a fortnight. When herpes attacks the external skin of the penis, its progress is more rapid, because the parts are not so moist, and a scab is generally formed, which, falling off in the course of some days, leaves the surface underneath perfectly healed. Among the causes of this eruption I have mentioned a deranged condition of the general health; but it is

right also to observe that it has often been met with in connexion with an irritable state of the urethra, or even of permanent stricture, and therefore, whenever it occurs, some inquiries should be instituted as to the condition of that canal; more especially if the eruption recurs at the termination of some weeks or months, as it is often apt to do.

Mr. Evans has described an appearance upon the penis which he believes to be the same that Dr. Bateman terms *moluscum*: it is a circular swelling, of the same colour as the surrounding integument, and is found to contain a purulent fluid within it. These appearances I have more than once seen: they are not likely to be confounded with syphilitic sores, for, in general, the cuticle shrinks after the fluid is discharged, and, peeling off, leaves a sound surface beneath it. Besides these more distinct affections, authors describe boils, anthrax, and phlegmon, as occasionally attacking the parts of generation: that these may have been mistaken for venereal ulcerations I will not deny, when presented to the surgeon in certain stages of their progress; but the history of the complaint will very generally clear up the difficulty, and when seen from the commencement they are not likely to mislead. One other diseased condition of the prepuce still remains to be mentioned: it is met with in those who have the prepuce long, and consists of cracks, or chaps, in the skin, just at its reflection, attended with much induration, and bleeding frequently upon every attempt to denude the glans. This is called by Mr. Evans *psoriasis preputialis*. I have usually looked upon it as a form of excoriation, but I am perfectly agreed with him as to the mode of treatment. An ointment composed of the hydr. nitratis, diluted with an equal proportion of spermaceti cerate, will effect the cure, though sometimes it will require some days, or even weeks, to restore the integrity of the parts. I have now described, as accurately as I have been able to do, all those diseased appearances with which I am familiarly acquainted, and which I do not consider as the necessary consequences of sexual connexion, and therefore, *à fortiori*, not deserving of the appellation of venereal sores. I shall next proceed with a description of certain ulce-

rations to which the term syphilitic more properly applies, since they are followed, when left to pursue their own course, by the acknowledged constitutional affections proper to that disease.

[To be continued.]

ON THE SPECIFIC EFFECT OF ATMOSPHERIC POISON

*On various Structures of the Body,
as connected with the production of
disease—especially fevers.*

BY EDWARD SEYMOUR, M.D.

(Continued from page 683.)

*On Fever in which the Poison contained
in the Atmosphere appears to act di-
rectly on the Mucous Membrane of the
small Intestines, after being received
into the Circulation.*

1. WHERE the inflammation and subsequent ulceration is situated in the glandulæ aggregatæ of the small intestines.

This fever, as has been already observed, is most prevalent in spring and autumn, and most fatal in the latter season; to be observed at all times in moist and warm seasons, and more particularly in low situations.

It may be generated in individuals from indulgence in diet, great labour, intense anxiety or watching, combined with bad food, or exposure to wet and cold; but such are isolated examples, presenting the same relation to the epidemic disease which sporadic dysentery does to epidemic. Nothing, perhaps, is more fully proved by our observation than that a similar disease of structure will arise from a cause generated within the body itself as that produced at other times by alterations in the atmosphere.

It is to the epidemic disease that these observations are intended to apply. It commences with low shivering, succeeded by heat of skin, great sense of weakness, and occasional nausea. The tongue is at first white, and in some cases dry; the pulse little altered, generally about 100 in a minute. The bowels are often, but not always, disordered; in the majority of cases, loose; occasionally there is pain in the abdomen, but this is not often complained of during the first days of the disease. As it proceeds, flushings of heat occur

most frequent from three o'clock in the afternoon until the morning, the face being red, the pulse much increased in frequency, thirst being present, and head-ache. The tongue is now often red and shining; the bowels very open, and if pressed deeply, a sense of uneasiness rather than pain is most usually expressed, principally in the epigastric and right iliac regions; at other times a sense of tightness is alone complained of, and the parietes of the abdomen, though not tumid, are hard and resisting to the touch, from the contraction of the recti muscles. The evacuations are usually of a pale yellow or light green colour; in the worst cases very thin, and depositing a green sand-like sediment. If the disease be not relieved, the flushings of heat become more severe, there is considerable delirium, the pulse is weak and very quick, with startings. There is low muttering delirium, from which the patient rouses for a moment or two, and then falls back into the same condition. The tongue is brown and the teeth encrusted; the abdomen is now swelled and tense, and the sense of pain on pressure much increased; sometimes there is vomiting, at others spasmodic cough. When the disease is about to terminate fatally, the delirium continues, the flushings of heat are more irregular, one cheek being deeply suffused, whilst the other is of deadly paleness; the evacuations are passed involuntarily, are thin and very foetid, and the patient sinks rapidly.

Although this is the general progress of the symptoms in this fever, many of them are less severe than others, some occasionally wanting altogether; but the foregoing description applies to by far the greater majority of cases, and has been drawn from the repeated personal observation of the progress of this fever and the morbid appearances where it has proved fatal in various hospitals, under different physicians, and in different parts of Europe, as well as in private practice.

I proceed to remark the variation in the symptoms which occasionally occurs. There is none, perhaps, greater than the sensation of pain expressed by the patient on pressing the abdomen. Little pain is often expressed even at an advanced period of the disease, and in rare instances it has even proved fatal when no sense of pain has been extorted from the patient by the inquirer throughout

the disease. It must be remembered that it is a glandular structure attacked; that these parts are endowed with little sensibility, unless the inflammation be singularly rapid, as is instanced in diseases of the liver and kidneys, glands often found after death much diseased, and whose structure is even greatly injured, when little or no pain has been experienced by the patient. The pulse is generally quick and feeble, but it has been remarked that it occasionally does not differ from the healthy standard; and this is observed throughout the disease, even when rapidly fatal. I am indebted to a very eminent physician for the account of a case of this kind, which excited great interest. A young nobleman was attacked with this disease in the spring of 1825, and died within a week from the first attack. On inspecting the body, the bowels were most extensively ulcerated, and the usual symptoms had been present, except alteration of the pulse, which never exceeded 80 in a minute.

The heat of the skin, although it is generally much increased, is occasionally, after the first few days, not much raised above the natural temperature of the body. These two variations must have occurred to the observation of Dr. Cullen, as we find in his definition of typhus, "*Calor parum auctus. Pulsus parvus, debilis, plerumque frequens.*" The affection of the sensorium is likewise sometimes slight, but most frequently very severe throughout; indeed I do not know any form of fever (not excepting that in which the brain is affected primarily) in which occasional cases occur of longer or more severe alterations of the cerebral functions.

No really critical days have occurred to my observation in this disease; but on the alternate days, in many cases, there has been a remission of the symptoms. It does not appear to be ever terminated abruptly, or by any sudden evacuation.

Its duration varies from a week to six weeks. In the autumn of 1824, which was unusually wet, this disease was epidemic in several counties in England. In the neighbourhood of London it was very frequent. At that time, among other instances, five cases occurred to my observation in one family, in the neighbourhood of Epsom. The shortest duration of any of these cases was twenty-five days, the longest forty-one.

They were extremely severe, but fortunately did not prove fatal. The appearances of the small intestines in this epidemic cannot easily be forgotten by those who, like myself, witnessed numerous post mortem examinations in hospitals of those in which it proved fatal.

The diagnosis of this disease from other fevers, may be drawn from the season of the year, the sense of pain or tightness in the abdomen, the pale thin evacuations, the red dry tongue early in the disease, the flushings of heat at the same time that the patient complains of great debility, and the nature of the prevailing epidemic. The affection of the sensorium will appear to have supervened on the disorder of the bowels, and to be alleviated by the remedies administered to the latter.

The treatment of this disease will be most effectual when applied to diminish the inflammation of the glandular structure, which speedily terminates in ulceration; and when this ulceration has taken place (which may be judged of by the increased violence of the symptoms, or the long duration of the disease), by producing an alteration in the secretions of the diseased parts, as in any other obstruction of diseased glands.

This is to be done, first, by the free evacuation of the bowels, any feculent matter remaining in the bowels serving only to irritate the excited mucous surface; and, secondly, by diminishing the stage of excitement from the neighbouring vessels.

This will be best effected by a dose of calomel at night, and haustus sennæ in the morning, which may be repeated according to the circumstances of the case. The bowels being freely evacuated, and the thin watery pale stools continuing, an alterative dose of mercury should be given every night, followed on the alternate mornings with as much rhubarb and magnesia, in some aromatic water, as will produce two or three evacuations. The mixture of rhubarb and magnesia is very preferable to the saline purgatives, being slower in its operation, and thus promoting a more gradual secretion from the diseased glands.

In slight cases, this treatment of itself will be sufficient to relieve the disease, the tongue becoming clean and moist, the bowels free from pain and of the natural softness to the touch, and

the evacuations of natural colour and more consistence.

But it frequently happens that the physician is not consulted until the disease has made some progress, and is severe of its kind; when there is tenderness felt on pressing the abdomen, loss of strength, a red and dry tongue, assuming a brown centre, great affection of the sensorium, and frequent liquid dejection from the bowels.

Here it will be advisable to apply leeches to the abdomen, promoting their bleeding by fomentations, or light bread and water poultices, from the use of which a sense of very great comfort is expressed by the patient. An injection of starch, with twenty drops of laudanum, should be given, and some alterative preparation of mercury, with or without a few grains of Dover's powder, thrice daily. The bowels being quieted, the draught with rhubarb and magnesia, or castor oil, should be given every second or third day, to carry away the secretions from the diseased surfaces; and, indeed, by far the most successful practice has appeared to me to have arisen from administering a constant moderate purgative throughout the disease. The symptoms of tenderness having been relieved by leeches and fomentations, and the disease appearing severe, the application of a blister to the abdomen should not be neglected.

I have hitherto said nothing of the palliative treatment of parts secondarily affected. The sensorium is occasionally much disturbed, but as this does not arise from inflammatory action, but from sympathy with the diseased bowels, it is unnecessary (unless in a very plethoric person) to deplete. Cold may be applied to the head with great relief, and the pediluvium with flowers of mustard is likewise advantageous; but the most certain remission of pain is produced from the decrease of the abdominal irritation. In very severe cases, however, the nervous system sympathises very considerably with the primary disease. There is subsultus, sighing, rolling the head, great restlessness, constant muttering delirium. While the primary disease is not neglected, these consequences may be diminished in intensity. In more than one case in private practice, I have been led to believe that the use of the hop-pillow was attended with tranquil-

lizing effects; and from the use of light diffusible stimulants, as nitric æther, ammonia, but more particularly musk, a great diminution of the distressing symptoms has been observed. The increase of temperature is of course to be restrained, by sponging with tepid vinegar and water, and the administration of cool drinks. On the Continent of Europe it is the custom in these cases, when the heat of skin is not very great, or the pulse much increased, to administer the tepid bath daily, which has often appeared to hasten the cure, and certainly contributed greatly to the comfort of the patient. In this country we are so little in the habit of employing this remedy for any length of time, or using it as an habitual luxury, that the prescription of it in private life is attended with inconvenience. This renders its remedial powers less well known than they probably deserve.

The abrasive ulceration of the bowels is much more rarely observed than that situated in the glandular structure. In the very few cases in which this appearance has occurred to my observation after death, in connexion with fever, the symptoms had been of the same nature as those enumerated above—less severe, but of longer continuance.

The erosive, or sloughing ulceration of the bowels, is a condition presented on the examination of the body after death much more rare than the preceding, and more frequently fatal.

The disease commences with languor, shivering, great sense of weakness. The heat of the skin is seldom much raised above the natural standard. The pulse is from the beginning weak, and rather more rapid than usual; towards evening it becomes quicker, and a slight perspiration is perceptible at short intervals, which does not relieve the urgency of the symptoms. There is complete loss of appetite. No pain is complained of. The tongue is white and tremulous. There is thirst. The respiration is very laborious, with frequent sighing. The dejections are of a pale yellow colour, and of most unusual fœtor. The patient is sleepless and restless, but there is little or no delirium. The urine is scanty and high-coloured.

As the disease advances a very large quantity of blood is often passed by stool, of a dark colour, mixed with coagula, unattended for the most part

with any local pain. These stools are often passed after the interval of one or two days, and the period of the disease at which they occur is very various. The tongue now becomes brown, the pulse still weaker and unequal; and, unless effectual assistance is afforded, the patient sinks.

This form of fever may be distinguished from the preceding by the pallid expression of the countenance, the sense of extreme debility, the absence of the severe accessions of heat; by the pulse being, even in the evening, weak and not greatly accelerated, and by the uniform absence of pain when the large hæmorrhages occur.

The disease is distinguished from dysentery by the absence of tenesmus, and that of the excretion of scybala and mucus, but above all by the total absence of pain. From diarrhœa it differs in the absence of pain and in the nature of the discharge, and the presence of fever.

The following are the appearances presented after death in a case of this kind, which will best illustrate the seat of the disease described. The colon and rectum were very large, of a dusky red colour, and full of fluid blood in an imperfect state, mixed with some coagula. The veins of the mesentery near the intestines, and some of the mesenteric glands, appeared to contain some fluid of the same kind as that in the cavity of the intestines; the glands being very soft. A large ulcer was found in the beginning of the colon, and a few in different parts of the small intestines; but at the termination of the ileum there were a great number of ragged irregular ulcers, having portions of sloughy membrane and muscular fibre on the surface. In some places little more than the peritoneal coat was left; in others the muscular fibres were clearly dissected by the ulceration: the liver and kidneys were healthy, but almost destitute of blood: the spleen and lungs were healthy.

It is seldom that alarm is excited previous to the passing of blood by stool, and consequently the ordinary remedies of evacuating the contents of the intestines, and giving saline medicines, is all that is resorted to. As soon, therefore, as we have reason to believe, from the passage of considerable quantities of venous blood, that this species of ulceration has arisen, or is about to

take place, (the fluid transuding the coats of the enlarged and weakened vessel), the powers of the patient are to be upheld in the same manner as if the unhealthy destruction of parts existed on the surface instead of the interior of the body.

In the short stage which precedes ulceration I have never seen any advantage derived from venesection in this form of disease, and it appears to lower the vital powers much beyond the proportion usually observed after moderate bleeding.

It does not appear from any of the known properties of mercury that it is adapted to this condition of disease. The inflammation is not of the kind which ends in the effusion of lymph; the glandular structure is not the seat of the disease, as in the former case; the chief symptom is the great depression of vital power. If the nature of the complaint be recognized sufficiently early, blisters to the abdomen appear most likely to check the disease. Opening medicine, which will carry off the secretions of the bowels, and, perhaps, also stimulate the diseased surface, are essentially necessary; and for this purpose the oil of turpentine, with castor oil, has been recommended and employed with the greatest possible good effect. The strength should be supported with animal broths, jellies, &c.; and wine and bark administered according to the powers of the patient. Opiates, as far as my observation is concerned, are not productive of advantage.

It has been shewn in the foregoing remarks to what an extent the mucous membrane of the bowels is diseased in these forms of fever; and that, in the great majority, no lesion of the brain or its membranes is to be observed. How, then, are we to explain the received opinions that the first impression of miasmata is upon the brain, and that these lesions of the bowels are subsequent to such impression?

The consideration of other diseases teaches us that the greatest possible disorder of the functions of the brain arises from irritation in the alimentary canal. The familiar example of severe headache from acidities in the *primæ viæ*, or stoppage of the half-digested food in the duodenum, are known to all. There is another disease, infantile remittent fever, most frequent in large towns, which the profession appear

agreed to arise from diseased secretions in the bowels, and which is cured by repeated and long-continued purgatives: here the functions of the brain are much disordered; there is headache, stupor, startings, and in children above six years of age, delirium; and yet all these manifestly and clearly arise from diseased secretions of the bowels, ceasing when these are restored to a healthy state—returning if neglected.

Convulsive fits of various kinds have been observed from irritation of the bowels, especially from worms well known to be found in the small intestines. It is true they often exist without any obvious derangement of health, but it is certain, where they are generated at the same time that the secretions of these bowels are unhealthy, the corresponding disorder of the nervous system is very remarkable. As an example I may mention the following instance. In the spring of 1823 I attended, at Florence, a young lady, with Drs. Down and Todd, who passed through almost every form of spasmodic disease: epilepsy, tonic spasm resembling tetanus, and occasionally approaching to that very singular disease which has been called catalepsy. Bleeding, cold affusions, antispasmodics, were employed in vain; but the principal symptoms, after the expulsion of several lumbrici, ceased, and the patient recovered her health after persevering in the use of purgative medicines for several months.

It appears to me, then, to be proved to demonstration, that irritation or disease in the *primæ viæ* may produce very considerable disorder of the nervous system; and in the fevers before us we have a very remarkable example of, first, disease, and subsequently disorganization of the secreting surface of the bowels, together with great disturbance of the cerebral functions. Is it reasonable to suppose that such disorganization is the result of a primary impression on the nervous system, which we cannot explain, the progress of which we cannot trace, and which bears no analogy to any other pathological process? or is it not more reasonable to suppose that the inflammation and disorganization of a surface which is to secrete fluid, to shield the bowels from injury, and to assist in the separation of food, and on which open those absorbent vessels which are to carry to

the heart, the chyle necessary for the reparation of the body—is it not more reasonable to suppose that such an injury is the cause of the disturbance in the cerebral functions, which even an irritation in the same part may derange?

It is true that abscesses are found in the liver, and inflammation of the serous membranes occur after injuries of the head—and this fact may be urged to prove that disease of the brain and nerves may determine at a distance similar lesions; but whether such abscesses are really formed through the agency of the nerves, is yet to be determined, such abscesses and collections of purulent matter and lymph occurring equally from the injury of an extremity as from the injury of the brain itself.

In disease of the brain itself we find no such injuries of the bowels. A patient will die of fever (I have seen many such in hospitals), as I shall have occasion to notice hereafter, with very considerable lesion of the brain, but the bowels are uninjured. Children are affected with hydrocephalus, the inflammatory stage is over, fluid, and sometimes lymph, are effused, the brain after death is found vascular—with these results of inflammatory action are the bowels diseased? No, they are blanched, but their structure is unimpaired; surely in *some* of these cases we ought to find injuries of the mucous lining of the bowels, ulcerations of the glandular structure, &c. if an excitement of the brain, which leaves behind it no trace of injury, can operate such extensive mischief at a distance.

[To be continued.]

Cases in which Lumbrici were evacuated by Ulceration through the Parietes of the Abdomen.

Communicated by William Young, M.D.

CASE I.—J. L. aged seven years, had frequently passed lumbrici. About the beginning of March 1817, he was attacked with severe pain in the right side of the abdomen, between the crest of the ileum and last false rib, but from which he had occasional slight intermissions, and for several weeks seemed easiest when sitting with his trunk bent forward, and his elbows resting upon his knees.

A tumor, about the size of a goose's

egg, gradually formed in the right lumbar region, which remained a considerable time without any discoloration of the integuments; but disappeared suddenly after a copious discharge of grumous foetid matter from the bowels, occasioned, it was supposed, by its bursting internally. This occurred in May, and the patient's general health improved during the summer: in August it again became worse, and a swelling appeared on the right side, extending from the sacro-iliac junction to the twelfth rib. The medical gentleman in attendance declined to open the tumor, but ordered onion poultices, to accelerate its suppuration. The abscess burst spontaneously while the patient was in bed, but the foetid smell that arose from it gave the family intimation of the occurrence. The child was literally drenched in the contents of the abscess, in the orifice of which was found a white substance, which proved to be a lumbricus alive and active, measuring eighteen inches in length. The poultices were still applied to the abscess, and in the course of a few weeks a second and a third worm of the same kind made their way through the opening. No faeces were ever observed to pass through this aperture; although purulent matter was abundantly discharged from it for several months, the wound ultimately cicatrized.

This boy enjoyed good health from May 1818 till the spring of 1819, when, in common with the rest of his family, he had an attack of fever: during his convalescence, a swelling again appeared on the right side of the abdomen, about three inches nearer the linea alba than the former one. This swelling suppurated, and towards the beginning of June, a considerable time after it had burst, a worm of ten inches in length was found on the poultice. During the months of June and July a great improvement took place in his general health, the discharge diminished, and he ran about and amused himself. On the third Tuesday of August he came home from play, complaining of intense itching and uneasiness in the abscess, and exclaiming that he could bear it no longer. From this state of suffering he was relieved by removal of the dressings, when a large worm was found hanging from the abscess in his side; its extraction was effected with some difficulty, and was followed by a stream

of blood. This was the last of five worms which passed through the parietes of this boy's abdomen.

In October 1819 he appeared to be in good health, and the abscess through which the last worm had passed was closed, and covered with a scab. In August 1820 he was in perfect health and attending school.

In concluding this case, it may be observed, that about twelve months before the formation of the last abscess, a pin encrusted with verdigris had come through the same part of the abdomen by suppuration; it may, therefore, be a question whether the worms insinuated themselves into the track of the pin, or formed a new one by erosion.

CASE II.—R. F., eleven years of age, of a sallow complexion, had enjoyed tolerable good health till 21st October, 1819. His complaint commenced with feelings of contraction in the abdomen, chilliness, and a constant desire to approach the fire; the chilliness was succeeded by flushing of the face, slight headache, and other symptoms which usually characterize an attack of typhus mitior. As this complaint was very prevalent in the place at that time, the medical attendant was induced to refer his indisposition to that cause. With this view of the case, an ipecacuanha emetic was prescribed on the 23d, which operated well; but did not seem to alleviate the complaint in the slightest degree. On the 24th, a dose of calomel and jalap was administered, which also operated well; the bowels, however, had not been in a costive state. The febrile symptoms continued unabated; at one time he complained of pain in the right side, about the situation of the fifth rib, and at another time of slight griping pains of the bowels, which were, however, only of short duration. The typhoid symptoms and low delirium were moderate; and the bowels continuing open, he was ordered a small dose of rhubarb. About the beginning of November his lips and teeth began to be covered with a chocolate-coloured sordes, but the tongue was clean from the commencement of the disease. On the second day of his indisposition he took a little food, but during its progress he tasted almost nothing; his thirst was allayed by drinking milk and water. On the 2d of November he appeared likely to do extremely well, there being no unfavourable symptoms

present. About three o'clock of the morning of the 3d he felt an inclination to go to stool, where he voided some clotted blood, and a worm. A little before four A.M. he had a profuse discharge of blood from the anus, so profuse, indeed, that his father, who is a most intelligent man, said he could compare it to nothing but the gush of blood from a sheep's neck while throbbing under the butcher's knife; syncope was the immediate consequence of this hæmorrhage. Cloths dipped in cold water were applied to the anus, which appeared to check the bleeding externally, and the patient recovered from the syncope. About seven o'clock the hæmorrhage returned; on lifting the bedclothes every thing was found drenched in blood; a little behind him was a large lumbricus, and another was making its way through the anus. He calmly expired soon after; but on the supposition that he might only be in a state of syncope, the body was wrapped in warm flannel, and kept in that state for a few hours. At eleven A.M. a little blood was found to have oozed from the anus, and two large lumbrici were in the act of passing it; but there was not the slightest hope of resuscitation.

Dissection.—On laying open the abdomen, the viscera, in general, appeared uncommonly pale and flaccid, and contained no flatus throughout their whole extent. The ilium, a few inches above the caput coli, was of a dark-brown colour; the blood-vessels were distended, and the mesenteric glands in the vicinity enormously enlarged. The ilium was opened about three feet above its termination in the colon, and every portion of it carefully examined; several small lumbrici were found high up in this portion of the intestinal canal, and three measuring from six to ten inches in length. In tracing the intestine downwards, a considerable quantity of greenish flocculent semi-organized matter was found, containing a great number of small lumbrici; several large ones were also found near this matter, with several ulcerated patches of the gut. The mesenteric glands were enlarged, and the blood-vessels much more wasted where the worms and ulcerations were situated than in the portions of the intestinal canal which were not similarly affected. The discoloration of the termination of the ilium was discovered to arise, not from any change

in its structure, but from the flocculent substance above-mentioned. At the termination of the ilium and valve of colon, a vast number of worms, of different sizes, were found: these parts were deeply ulcerated, and the valve was considerably thickened. In the caput coli were found several clots of blood.

In the preparation which has been made of this part of the intestine, on the left side, immediately over the valve of the colon, there is an eroded vessel from which the hæmorrhage seems to have taken place, and into which a bristle has been inserted. In the ascending colon many ascarides were observed, but there were not the slightest appearances of either blood or fæces. The transverse and descending colon had a blanched appearance, and contained here and there a few ascarides and small lumbrici, but neither blood nor fæculent matter. In the rectum four large worms were lodged, its internal coat seemed suffused with blood, but no ulceration was observable. From the most careful examination of the lower portion of the alimentary canal, there cannot be a doubt respecting the place from which the hæmorrhage proceeded, although there was no blood found in the colon, with the exception of that in the caput coli. The spleen was nearly double the usual size. The stomach contained a considerable quantity of water, and two pieces of curd, about the size of a hen's egg. The upper part of the intestinal canal was quite empty.

CASE III.—M. F., aged 15, sister of R. F., whose case has just been given, is a tall thin girl, with a pale sallow complexion. In the beginning of June 1818 she was attacked with severe bowel complaint; the pain was often excruciating, and though not absolutely fixed to a particular spot, was generally in the lower part of right side of abdomen. During the paroxysms of the disease the belly was retracted, and the knees folded up upon the breast; in this state she would frequently scream out in the greatest agony. As the pulse was moderate, the complaint was at first supposed to be colic, induced by cold applied to the extremities, or something in the ingesta that had deranged the functions of the alimentary canal. Warm fomentations were applied to the abdomen, and a dose of castor oil, with

thirty drops of laudanum, was administered. As little advantage was obtained from this practice, salts, senna, and several doses of calomel and jalap, were prescribed. Although these medicines brought away four large lumbrici, the patient's sufferings continued with very little abatement: even from the commencement of the complaint, she had intervals of comparative ease, from a state of the most acute distress. This circumstance, along with the evacuation of the lumbrici, induced me to refer the whole complaint to the irritation of worms on the coats of the intestines. About the 11th of June the paroxysms became both more severe and frequent; as the pulse was small, and considerably accelerated, ten ounces of blood were taken from the arm. This detraction of blood seemed to have little effect on the local complaint, and the constitutional symptoms of enteritis not being strongly marked, purgatives, topical blood-letting, frictions with camphorated mercurial ointment, and blisters, were the means employed for her relief. The practice pursued in this case seemed to be indicated, not only from the severity of the pain, but also from a large deep-seated tumor in the right side of abdomen, situated about midway between the umbilicus and crest of ilium. Some doubts were entertained respecting the cause of this tumor, as it might either proceed from the operation of some unknown cause between the peritoneum and abdominal muscles, or from the irritation of worms penetrating the coats of the intestines in contact with the internal surface of the abdominal muscles.

By whatever cause it might have been occasioned, it was deemed advisable by every possible means to prevent its going on to suppuration, which could only be retarded by the means employed. At length fluctuation became distinctly perceptible, the abscess burst, and discharged a large quantity of purulent matter. On the supposition that the complaint had originated from the irritation of worms, an expectation was entertained that some of these might possibly make their escape with the contents of the abscess. Nothing unusual, however, was observed in the matter discharged. By July 30th the discharge had become so inconsiderable, that the poultices were laid aside, and a piece of adhesive plaister was applied

over the sore. She now began to walk about and take a little exercise in the open air. Her health was so much improved in the course of the following winter and the spring of 1819, that she was not considered as a patient. In walking she stooped greatly, and appeared unable to stand upright; although the wound gave her very little inconvenience, it had never healed up. In June she went to the country, where there is every reason to believe she exerted herself much more than was proper for her, in the debilitated state in which she was at that time. After her return she had severe pain in the bowels and in the site of the abscess, and the discharge of pus was occasionally mixed with the contents of the intestines.

She went to the sea-coast for the benefit of the air, and contrary to the instructions given her, went several times into the water. She returned home in a very lamentable condition, often harassed with excruciating pain, and the discharge of the contents of the intestinal canal through the abscess evidently increasing. About the end of September a white shining substance was observed obstructing the orifice of the abscess; the patient extracted it herself, and it proved to be a dead lumbricus in a semi-dissolved state. A few days after this worm was extracted, another of the same species made its escape alive. The tormina were frequently agonizing, and attended with flatus, and a copious discharge of liquid fæces through the abscess, so that for several weeks she was unable to keep herself dry an hour at a time. Jan. 3d, 1820, she was able to walk through the house, and was much better. This poor girl's health continued variable till the 4th of March, when a considerable hæmorrhage took place from the abscess, which threw her into great alarm, as she conceived her case to be, in many respects, analogous to that of her deceased brother, whose history and dissection have been given in the preceding pages. On the evening of the 4th she had a stool, which contained a considerable quantity of fluid blood, and on the day following she passed ten or twelve ounces more. Her countenance was pale, her eyes dull, and her pulse scarcely perceptible at the wrist. Although she recruited a little from this state of debility, she remained several

days in a very languid condition, without any evacuation from the bowels; her extreme weakness appeared to preclude the propriety of even an enema being administered.

During the course of her tedious illness, her natural faculties, which were of a very superior order, were often employed, in the moments of relaxation from pain, in flights of poetical composition and devotional exercise, which rendered her peculiarly interesting to those who knew her intimately. She languished till the morning of the 12th March, when she expired without a struggle.

Dissection.—In different parts of abdomen several glands were found in a state of suppuration, but the matter they contained was of a concrete nature. The omentum was almost entirely absorbed, and what remained of it had the appearance of dirty blue woollen thread. The jejunum, about two feet and a half from the duodenum, was greatly narrowed, and adhered to the abdominal muscles; at the adhesion thus formed, there was an aperture in the intestine, communicating freely with the external opening of the abscess. The next portion of the intestinal canal involved in the disease was the termination of the ilium, and commencement of colon, both of which were connected with the diseased portion of the jejunum, and communicated with the aperture of the parietes of the abdomen. The last portion of the intestine implicated in the diseased adhesion was the ascending colon, where it bends round in its course to the left side, and which also communicated with the common aperture. The portion of the colon situated between the two points adhering to the parietes of the abdomen was much ulcerated, and from it, most probably, the hæmorrhage proceeded.

The mother of R. and M. F. is still alive, and suffers much from the complaint which carried off her children; in fact this family, like Herod, is really eaten up by worms. Some French naturalists entertain the notion that a moderate use of wine is the best preservative against intestinal worms; it certainly appears that the inhabitants of wine countries are less subject to them than those nations who do not possess this salutary beverage.

Such is the account of these very interesting cases, communicated to me by

the medical gentleman who attended them. So far as I know, no account of any similar ones has been published in this country, except one case, in the first volume of the Edinburgh Medical Essays, and two in the seventh volume of the London Medical Journal. The first is related by Mr. Douglas, an army surgeon, of a woman who was seized with gripes, vomiting, and costiveness, which continued four days, under the most active treatment; she had an indolent tumor in the right groin, which suppurated, and, after being opened, gave exit, at different times, to four large lumbrici. The orifice gradually healed up, but at the end of a month a small opening formed in the cicatrix, from which the thinner parts of the excrements were discharged.

The second, by Mr. Coleman of Sandwich, of a woman who had a large abscess in her right groin, which burst, and sloughed to a considerable extent, and who, at various times, passed thirteen lumbrici by the abscess, and two by the anus; her health gradually improved, but a fistulous sore remained, from which she discharged purulent matter, tinged with fæces, and occasionally a lumbricus.

The third, by Dr. Hamilton of Ipswich, of a child, eighteen months old, who had a swelling of the navel, supposed to have arisen from some violence in taking off the dressings, before the cord had thoroughly separated. Although the part appeared to have healed, it always appeared tender, and, to prevent its protruding, a bandage was pretty tightly applied over it; on removing it one day, a lumbricus was found crawling on the abdomen. On examining the umbilicus two small holes were found in it, from which came away ten more lumbrici, each from six to nine inches in length.

In cases of this kind it is difficult satisfactorily to account for the occurrence of external abscesses; for even granting that the long continued irritation would produce ulceration of the bowels, we should either expect them to find their way into the cavity of the peritoneum, sooner than through the abdominal parietes; or, at least, from the known frequency of intestinal worms, to meet more frequently with the complaint. As it is, however, the fact of adhesion taking place between the bowel and the abdominal parietes,

so that the cavity of the peritoneum is protected, and the foreign body brought to the surface, affords, perhaps, the most striking illustration recorded of Mr. Hunter's doctrine of progressive absorption; a process to which he has given the quaint but expressive appellation of the *natural surgeon*.

Glasgow Medical Journal,
Nov. 1828.

EXPERIMENTS ON DIGESTION.

ALEXIS ST. MARTIN, aged 18, was wounded by a ball, which penetrated his left side, and entered the stomach. After a suppuration, which lasted a year, the patient recovered, but with a fistulous opening into the stomach, between the fifth and sixth rib: this circumstance excited the idea of making some experiments upon digestion. The following is the result.

Experiment First.—On the 1st Aug. 1825, about noon, Dr. Beaumont introduced into this man's stomach, through the fistulous opening, the following substances, attached, at a certain distance from each other, to a silken thread: a piece of à la mode beef, highly seasoned; a piece of lean salt beef; a piece of raw and salted lard; a piece of raw lean beef; a piece of *bouilli* of beef; some bread; and, lastly, a portion of raw cabbage: the quantity of each of these substances was about forty grains. The young man then resumed his usual occupations. About an hour afterwards these substances were removed from the stomach; and it was found that the cabbage and bread were more than half digested, but the meat did not appear to be even changed. The whole was replaced in the stomach; and at the termination of another hour, the cabbage, bread, lard, and *bouilli*, were completely digested, and separated from the silk; the other pieces of meat were scarcely altered at all: these were again returned into the stomach. Another hour having elapsed, it was found that the beef à la mode was in part digested; but the raw beef, though a little softened upon its surface, was untouched in the interior, and preserved its cellular texture. The fluids of the stomach had a disagreeable smell, and rather a rancid taste. The young man complained of uneasiness, and some pain in the epigastrium; nevertheless, the substances were replaced. At the end of the fifth

hour he complained of great oppression; of general weakness, nausea, and slight head-ache; the pieces of meat did not appear more changed than they had been two hours before; and the fluids in the stomach were more rancid, and had a sharp taste. The experiment was discontinued.

The following day Alexis complained of nausea, head-ache, and constipation; his pulse was feeble, his skin dry, and his tongue loaded; the internal surface of the stomach was sprinkled over with little white points, which appeared to be composed of effused lymph*. Dr. Beaumont introduced through the fistulous opening half a dozen pills, containing four or five grains of calomel each. Three hours after they produced several abundant stools; after which all the symptoms disappeared very quickly, as well as the peculiar appearance of the mucous membrane of the stomach. The pills acted exactly in the same manner as if they had been taken by the mouth.

Experiment Second.—On the 7th Aug. at 11 o'clock, Alexis having fasted for 17 hours, the bulb of a Fahrenheit's thermometer was introduced into the stomach with great precaution. In five minutes the mercury rose to 100 degrees, and remained there. By means of a gum elastic tube, an ounce of pure gastric juice was obtained; it was poured into a glass vessel capable of holding three ounces, and a piece of salt beef, about the size of the little finger, was put into it. This glass was then placed in an earthen vessel, containing water, heated to 100 degrees; and this temperature was kept up by means of a sand bath. At the end of forty minutes the surface of the beef had begun to be acted upon: ten minutes afterwards the liquid became turbid, and the texture of the meat appeared to be evidently softened and relaxed. An hour after the commencement of the experiment it had the appearance of a *bouilli*, and in another hour the cellular tissue seemed to be entirely destroyed; and the muscular fibres, detached from each other, floated in the liquid like fine white, soft, flexible filaments. At three o'clock they were half dissolved, and two hours later they were almost entirely decomposed, with the exception of some

few, which were still to be perceived. At length, at seven o'clock, they had totally disappeared, and at nine the solution had completely taken place. The gastric juice, which at the moment it was taken from the stomach was clear, and almost as fluid as water, was glairy, turbid, and when left at rest for a few minutes, deposited a sediment the colour of flesh.

Experiment Third.—At the same time that the last experiment commenced, a piece of meat, exactly similar to that which had been placed in the gastric juice, was introduced into the stomach by the fistulous opening. At the termination of an hour it was about as much altered as the piece in the gastric juice, and had the same appearance; after the lapse of another hour it was dissolved, and detached from the silk. The action of the gastric juice in both situations had been the same, but in the stomach it had been more rapid; in both instances the alteration had begun upon the surface, and was propagated through successive layers. Agitation in the glass facilitated the solution, by detaching the part reduced to a pulp, and thus facilitating the action of the fluid upon the subjacent texture.

Experiment Fourth.—On the 8th Aug. at six o'clock in the morning, the second experiment was repeated with an ounce and a half of gastric juice, in which two pieces of boiled chicken were placed. The experiment proceeded as before, only more slowly; the flesh appearing, on account of its firmer texture, to resist the solvent power of the juice more than the beef. Nevertheless, the solution was complete: the colour was a greyish white, and it appeared more milky and less flaky than in the former instance. With the beef, the sediment was also more clear, though offering no other difference. The fluids produced by both these experiments were preserved in phials, hermetically closed, from the 7th and 8th of August to the 6th of September; they then afforded no bad taste or smell: they were not acid. Some days after, the fluid, containing the solution of the beef, began to be decomposed; the other remained untouched. The author laments that he could not pursue these experiments, which were interrupted by the flight of the young man.—*La Clinique.*

* So in the original: we do not pretend to understand this.—ED.

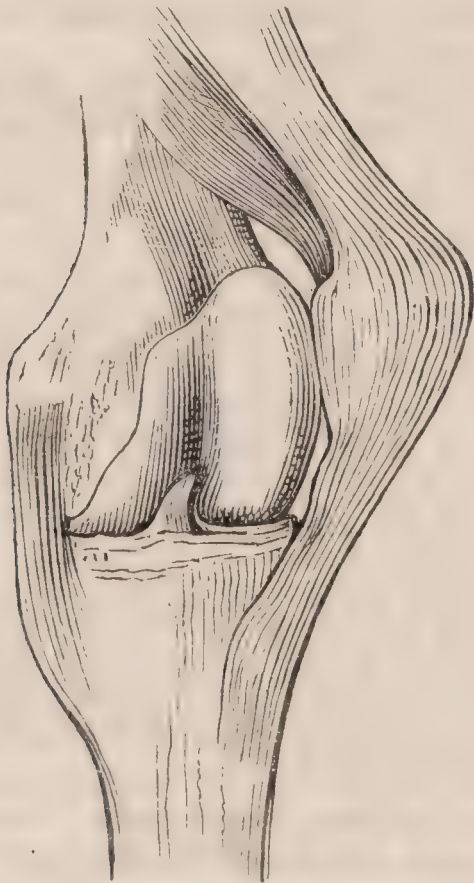
DISLOCATION OF THE PATELLA.

To the Editor of the London Medical Gazette.

SIR,

If you think the following case sufficiently interesting, you will oblige Mr. Broughton and myself by giving it a place in your Journal.

On Tuesday morning I was called into consultation, by my friend Mr. Broughton, upon a case of dislocation of the patella, which had occurred under the following circumstances. A private of the 2d Life Guards, a stout muscular young man, was struck sharply on the right knee by the knee of another soldier, as, in the exercises, two opposite lines rode through each other. They were riding at a walk, but the soldier on the right of our patient had spurred his horse, so that it moved forward briskly. By this accident the patella was dislocated outwards, and rested with its inner edge upon the outer surface of the external condyle, the fore part of the patella facing obliquely forwards and inwards. The annexed figure may serve to shew exactly the position of the bone. This drawing, with a second that follows, was made from the dissection of a *left* knee.

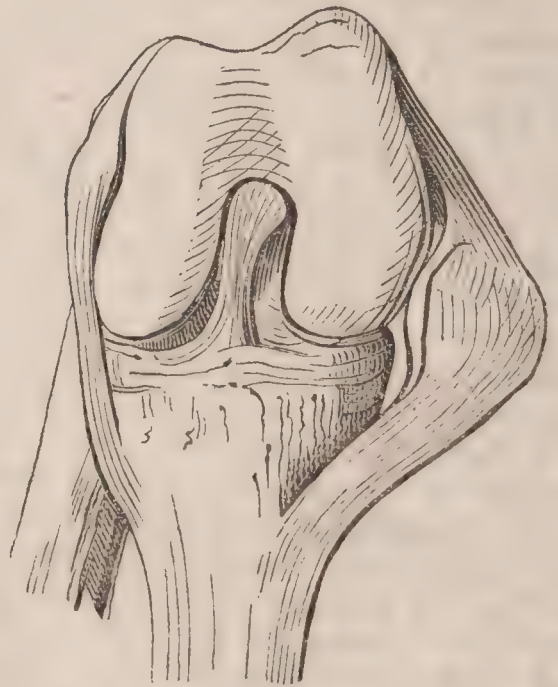


As the patient lay with the knee extended, he experienced no pain; there was no tension of the quadriceps ex-

tensor cruris; the patella admitted of a slight degree of motion forward or backward, turning upon its inner edge, which seemed caught behind the prominent margin of the articular surface of the condyle.

We tried the following methods to reduce the dislocation. 1. *The knee remaining extended*, we pressed the outer edge of the patella downwards, forcing the bone at the same time strongly inwards. 2. Force was applied in the same manner, *the joint being rather more than half bent*. 3. We used the same sort of pressure, *beginning it while the knee was bent, and continuing it as forcibly as possible at the moment that the joint was brought to the extended position*. Bending the knee to the extent described we found gave the patient great pain, and caused the patella to face, not obliquely, but directly forwards.

These attempts proved unavailing, and we left the patient for a time. In the afternoon we met at the Anatomical Theatre, in Great Windmill-Street, and examined the nature of the dislocation in a dissected limb, when we found, that, *upon bending the knee to the utmost*, the condyle was almost wholly drawn away from the patella, in the manner which I have attempted to shew in this figure.



And we thought it reasonable to expect, that if the joint in our patient should be found to admit of perfect flexion, the patella would in that case, as we had seen it in the dissected limb, become disengaged from the condyle,

and the dislocation be spontaneously reduced by the action of the quadriceps extensor cruris.

We returned to the Barrack Hospital, and our patient expressed his willingness to submit to the experiment which we proposed to try. He was laid upon the left side, and his right ankle was grasped by a comrade, who, when we bade him, suddenly carried the heel back to the hip, thus bending the knee to the utmost. This motion was hardly completed when the patella audibly returned into its socket.

I remain, Mr. Editor,

Your obedient servant,

HERBERT MAYO.

19, George Street, Hanover Square,
Nov. 6, 1828.

PECULIAR AFFECTION OF THE WRIST,

Occurring in Hysterical Patients,

Described by Mr. Brodie.

IN a recent clinical lecture on a case of rheumatism of the hand, Mr. Brodie, after reading the details, considered, seriatim, the history and symptoms, pointing out their similarity to those which denote inflammation of the synovial membrane. Having expressed his opinion that the patient laboured under rheumatic inflammation of this membrane, Mr. Brodie observed, that when he first saw the case, being able to give it but a cursory glance, he suspected the existence of another affection.

Females, said Mr. Brodie, of nervous and irritable temperament, especially those who have suffered from mental anxiety, are liable to a peculiar affection of the wrist; and, unlike the generality of hysterical complaints, the married and unmarried are subject to it in nearly a similar proportion. The patient complains of pain in the wrist, which, after continuing a certain space of time, is followed by a kind of puffy swelling, extending up the fore-arm and down to the fingers. This swelling has many of the characters of that produced by synovial inflammation, but differs from it in this, that it is more diffused. Sometimes the swelling is extensive; sometimes so slight as barely to be seen. Having lasted some days or weeks, it subsides, whilst the pain

remains, constant in its character, aggravated by every motion, and rendered worse by the patient's attention being drawn to it. To prevent that motion which she dreads so much, the patient keeps her hand in one position; in consequence of which the joint grows stiff and rigid, and the parts assume a very characteristic appearance, the skin being tense and glossy, and appearing to adhere pretty closely to the textures underneath.

The pain may continue for three months, six months, or one or two years; at the end of which time it in general subsides, leaving behind it a stiffness of the hand and fingers, from which the patient will gradually recover. In one case, however, and in Mr. B.'s experience only in one, the pain continued for three or four years, when the hand was left shrunk and withered, the fingers being contracted, and drawn into the palm. The nails had grown lank, scabrous, and rough. This was the case of a lady who consulted Mr. Brodie in the year 1819. Subsequently, she went upon the continent; but when seen by Mr. Brodie on her return, a little while ago, the hand was in the condition above described. Mr. Brodie once saw a similar affection in the foot, which was distorted and useless; the toe-nails scabrous and rough, with ulcers at their edges.

Having touched on this affection, in illustration of the case which formed the subject of the lecture, Mr. Brodie thought it better to allude to the treatment. As the health is in general weak, remedies calculated to improve it are also of service to the local complaint; and in two instances, bark was decidedly of use. From a scruple to half a drachm of the carbonate of ammonia in the course of the day, paying at the same time attention to the bowels, is often a powerful remedy. If the menstruation is irregular, that irregularity is to be corrected by suitable remedies, as the vinum alois, steel, and similar means. As a local application, the following embrocation will frequently lull the pain.

Mist. Camph. ℥viss.

Spt. Rosmarin. ℥iss.

This should be applied tepid on a rag.

A plaister, composed of equal parts of the emplastrum saponis, and emplastrum

trum belladonnæ, is frequently useful; at any rate, even when it does no good, it can do no harm. The vapour bath, especially in the advanced stage of the complaint, is also a serviceable remedy. At the same time that local or general measures are employed, the surgeon should bear in mind one important caution—never to draw the attention of the patient to her disorder more than is absolutely necessary.

Many remarks on the subject of rheumatic inflammation were made by Mr. Brodie, which we here omit, confining our report to our other malady.

REGULATIONS OF THE APOTHECARIES.

To the Editor of the London Medical Gazette.

SIR,

I AM not so unreasonable as to deny that your correspondent Omicron has made out a good case for the Apothecaries' Company: he is evidently deep in their secrets—for he not only knows the exact date when certain papers were issued to the *recognized* teachers in the provinces, but he is acquainted with the reasons which *influenced* the Court of Examiners in concocting their late regulations. I do not propose to revert to topics already discussed. I am satisfied that the profession should now judge between us, whether young men, who must necessarily have passed five years in a shop, should be required to attend two courses of *Materia Medica*. Let your readers peruse the letter of Omicron, and say, secondly, whether at the mature age of twenty, after five years of apprenticeship under members of their own body (very many of whom must have been examined by themselves), it is reasonable that a young man should remain in London from the month of October to the month of May without being permitted to attend one lecture on pathology, or to visit one sick person, however well-grounded he may be in the elementary branches of the science. I leave it to your readers to say, thirdly, whether any satisfactory answer has been given to the question, whether the Apothecaries' Company, in their instructions with regard to the form of certificate, have not *exceeded* the authority vested in them by the

Act of Parliament? I ask, whether the College of Surgeons, the Army Medical Board, the Navy Board, and all other Boards "possessed of ought to give," may not, in like measure, require certificates after their own fashion, to the manifest annoyance of all teachers?

If it be true that persons have signed certificates of attendance where no lectures have been attended, let the names of the offenders be held up to the contempt they merit; but let not the body of private lecturers be degraded, by requiring from them that which is not demanded from such as teach within the walls of an university or college.

The object of this letter, however, is not to repeat old grievances, but to call your attention to new ones. In the regulations of 1816, six months' attendance on a dispensary was declared sufficient. On the 1st of April, 1822, the period of attendance was increased to nine months, and now in 1828 it is advanced to twelve months. I maintain with confidence that both of these changes (and especially the last) are useless. I fearlessly appeal to the physicians of the several dispensaries in this town, and ask of them, if in six months' punctual attendance (for an hour and a half each day), with occasional visits to home patients, the pupil will not gain all that elementary knowledge which is really necessary to enable him to practise—not indeed with the confidence of a man of forty, but with as much confidence as the legislature can reasonably expect from a man of the age of twenty-one. I avow, Sir, my unqualified conviction that the remaining term is passed in seeing *duplicate* cases and reading *duplicate* prescriptions; and that in thus extending the period of attendance from six to nine and from nine to twelve months, the Apothecaries' Company were influenced not by the quantum of information which a dispensary can afford in a given space of time, but by the consideration that in this way only could the fees of hospital and dispensary attendance be *balanced*. The result has been the almost complete abandonment of many dispensaries, the expense of additional residence in London more than counterbalancing the difference of fee. Perhaps, however, the object of the Apothecaries' Company is tacitly to discourage attendance on dispensary practice. If so, I humbly conceive that they have

yet to learn the advantages which this description of medical charity is eminently calculated to afford to the general practitioner.

Your correspondent has directed my attention to an article in the *Times* newspaper of Monday last. Allow me, in return, to recommend to his serious consideration a letter in the same journal on Friday last, wherein the present evils are traced to their true source; viz. the slovenly manner in which the important period of apprenticeship is past. The object of the writer is evidently to shew, that the Court of Examiners have begun at the wrong end, and instead of regulating (as they might easily do) the first five years of medical education, have concentrated their ordinances upon the two last. This is the *fons et origo mali*. Let the Apothecaries' Company enforce attention to the *apprentice*, and they will soon find that one year of oral instruction will amply suffice for the *pupil*.

It will at once be admitted, I presume, that the Apothecaries' Company have no legal right so to extend the period of study, that the pupil who begins at a proper age, shall be detained in London after the age of 21. If, therefore, two years of study are to be enforced, the youth must be apprenticed when he attains the age of 14, or the master must consent to give up one year of his apprentice's term. I beg, therefore, to inquire of Omicron, whether the Apothecaries' Company recommend so early an estrangement from parents and youthful studies; or whether they sanction, in practice, this open violation of a legal contract. If the latter, and if four years be considered a sufficient term of apprenticeship, would it not be desirable to apply to parliament for some enactment that might free them from the necessity of directing in their code of regulations a *strict* compliance "with the 14th and 15th sections of the said act, which require testimonials of having served an apprenticeship of not less than five years?" If (as I am fully prepared to find) they do *not* sanction any such infringement of the law, will Omicron be good enough to say, whether any *impositions* have ever been detected in the certificates of *apprenticeship* as well as in those of *lecturers*; and what steps are taken with the view of ensuring attention to the 14th section of the act?

Permit me to offer a few observations on the tendency of the new regulations to increase a class of unlicensed practitioners, who are now gradually growing up around us,—I mean the chemists' assistants. The wants of the public *must* be supplied, and if the education of the general practitioner be rendered so expensive that he cannot get a fair return for his money by practising among the lower classes of the community, the sick in those classes will apply to some one who can. They will get advice from "over the counter," and, in the end, the public will suffer. The present race of apothecaries will become, *de facto*, physicians, and, in process of time, an act of parliament will be passed for the regulation of the practice of chemists and druggists. In time, they will be seized with the rage for legislation; and an inferior race of practitioners will then start up, under some new unheard-of denomination. These, Sir, are not idle chimeras. Go into any chemist's shop, and see if it be not true. A little reflection will tell us that it must be true;—and that it is infinitely more desirable to have a *large* class of practitioners moderately and cheaply educated, than a few perfectly, and at a great expense.

One word more, Sir. Omicron says —(and he seems to speak as one having authority,) "My advice to the Court would be, to rest where they are." Might not the same advice have been given with equal justice this time last year?—And now that it is given, does not Omicron know that other changes are in progress;—that Gregory's *Conspiculus* is to be construed on the 1st of January, 1831; and is it not possible, that Clinical Lectures and Lectures on Midwifery and the Diseases of Women and Children, which are now *earnestly recommended*, will, in the code for 1829, be made part and parcel of the Regulations?

I had a few inquiries to put regarding the two courses of "*Demonstrations*" now required by the Company, and especially whether this term be only a gentle synonym for *Dissections*. But I stop here, and though, I fear, *Troublesome* would be my proper designation, beg to subscribe myself

Your obedient servant,
A PERSEVERING INQUIRER.

London, Nov. 10, 1828.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Observations on the Nature and Treatment of Fractures of the Upper Third of the Thigh Bone, and of Fractures of long standing. By JOSEPH AMESBURY, Consulting Surgeon to the Royal Union Association, &c. 1828.

IN this publication, which merits the attention of the profession, the author endeavours to shew that fractures of the neck of the femur, and of the upper third of the bone, may be united without deformity or lameness; that the principal cause of non-union in the upper and lower extremities is the inadequacy of the usual modes of treatment, and that cases of this description which have existed many months may generally be united by mechanical means alone, properly employed.

In the observations on fractures of the neck of the femur within the capsule, Mr. A. divides these into such as are unaccompanied with any considerable laceration of the investing membranes, and those in which the close coverings of the bone are nearly or quite divided: but in neither does he consider that there is a sufficient physical cause to prevent osseous union. This opinion he attempts to support in both instances by argument, and in the last by evidence; this evidence consisting of four cases of osseous re-union, such as have presented themselves to Dr. Langstaff, Mr. Chorley, Mr. Brulatour, and Mr. Field. Upon the question of the propriety of endeavouring to effect bony union in such cases, Mr. A. thinks that it should decidedly be attempted, because, although not produced, short ligamentous union would, in all probability, be accomplished; and if, in such cases, the patient was confined a sufficient length of time, this would acquire so much strength as to prevent the broken ends of the bone from separating in any considerable degree when the weight of the body was thrown upon the limb. Having examined the manner in which the different mechanical contrivances act, which have been recommended for the treatment of fractures of the cervix

femoris within, and external to the capsule, the author proceeds to shew that his fracture-bed and apparatus is better adapted for the purpose than any other, the advantages of which are thus summed up:

“ When the limb is thus secured, all the indications I have noticed are most fully answered. The limb is supported in the bent position, which is the easiest position, and also prevents that long-continued stiffness of the knee which is observed to arise from keeping the limb for a long time straight. The limb is maintained of its natural length. The foot is kept upright, and fixed in such a manner as to prevent the limb from moving; and the pelvis being, at the same time, fixed by the pelvis-strap, the fractured ends of the bone are kept perfectly free from motion. The trochanter is supported, and the fractured surfaces having been brought together, are maintained in close apposition by the pelvis-strap, which, at the same time that it fixes the pelvis, passes over and acts upon the upper end of the splint, which is placed along the outer side of the thigh, so as to be the medium through which the pelvis-strap presses the trochanter major towards the pelvis; and with it, of course, the fractured surface of the trochanteral portion of the bone.”

The fracture-bed is equally advantageous for the treatment of fractures of the trochanter major, and it is also the best for fractures of the femur just below the trochanter minor; which may thus be united without shortening or deformity of any kind.

In the second part of his work, Mr. A. enters into the consideration of the causes, nature, and treatment, of fractures of long standing.

“ I have examined fifty-six cases of non-union, exclusively of those which I have witnessed in the neck of the thigh-bone, olecranon, and patella. The constitutions of three of the persons in whom these cases occurred were decidedly bad; another had been much reduced by cholera during the recent state of the fracture. The remaining fifty-two, apparently, possessed constitutions and enjoyed health equal to the most vigorous and healthy individuals that come under our observation. I cannot bring myself to believe that there was, in any of these fifty-two persons, some peculiar weakness, or

that they had any hidden disease in their systems which prevented their bones from uniting. In these cases, with the exception of two which occurred during pregnancy, where constitutional causes might, under any treatment, have operated in a measure so as to retard the union, I think the cause was purely local; and, for the most part, if the treatment had been such as to secure the fractured parts in proper apposition, and in a state of quietude, the fractures would have united at an early period."

Having considered the different plans which have been proposed for the treatment of these cases, and which have for their object the reproduction of inflammation in the seat of injury, the author inferred, "that if an action, somewhat above the natural standard, could be produced in the ends of the bone, and the periosteum which covers them, in fractures of long standing, and, at the same time, all the causes of non-union be either removed or prevented, union by bone would be often easily effected—probably with almost as much facility, in the majority of cases, as when the fracture is recent."

"I had already possessed myself of means by which I could prevent, what, I believe, was the principal cause of non-union in almost all the cases I have seen; viz. motion of the fractured ends. I therefore conceived that I had only to excite the action of the parts, and perhaps to produce absorption of some adventitious deposit, in order to unite many of those which had been of long continuance. But, how were these desirable objects to be accomplished? It occurred to me, that they could not be so well effected by any other plan as by the influence of local pressure. Strong pressure produces inflammation, and, at the same time, absorption of the parts which are pressed upon. Pressure I could readily produce and keep up, for an indefinite period, and, at the same time, maintain the parts in a state of quietude, by the contrivances already in my possession. I now wanted facts only to prove or disprove the validity of my reasoning."

Seventeen cases of non-union in fractures both of the upper and lower extremities are adduced; in sixteen of which Mr. A. succeeded in producing consolidation of the bone by local pressure and rest. But instead of referring

to his syllabus for a description of the apparatus, by means of which he maintains the practical surfaces in tight apposition, Mr. A. would have rendered his present work more complete had he introduced it here. Independent of those which happened in the neck of the thigh bone, the author has failed to produce re-union in four cases: in one of these, where an opportunity occurred of examining the parts after amputation, the broken extremities were found united by a preternatural capsule, containing a fluid resembling synovia, and the ends of the bone rounded, flattened, and covered with a dense fibrous structure, similar to inter-vertebral substance. In the other thirty-four cases of non-union which Mr. A. had seen and examined, but in the treatment of which he took no part, the modes of treatment were various; but as far as he had been able to learn, bony union was effected in only one solitary instance out of the thirty-four, and that after several months of suffering.

In conclusion, Mr. A. suggests as a query, whether, in all *very loose* fractures of long standing, after trying for a short time the plan by pressure and rest without success, we might not reasonably expect to produce consolidation of the broken ends of the bone, if free from disease, by cutting down upon their fractured extremities, removing the loose capsule, and then endeavouring, by the judicious application of apparatus, to maintain the denuded ends in close apposition and at rest.

MEDICAL GAZETTE.

Saturday, November 15, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MALAPRAXIS IN MIDWIFERY.

"ON Monday last the Mayor of Liverpool received a letter informing him that Mrs. Ellen Read, wife of Mr. Read, organ builder, of this town, who had been buried about a fortnight previously, had died in child-bed, in conse-

quence of the improper manner in which the medical man who had attended her had treated her. The mayor ordered the body of the deceased to be disinterred and examined by several medical gentlemen. A coroner's inquest was held on the body on Tuesday, and as the medical men examined gave it as their decided opinion that the improper employment of instruments by the medical man had occasioned the death of the deceased, the jury, after an attentive consideration of the case, returned a verdict of 'manslaughter' against Mr. Bernard Scanlon, the assistant of Mr. Kelly, of this town; who was immediately taken into custody upon the coroner's warrant, and committed for trial at the next Lancaster assizes."—*Liverpool Paper*.

We have extracted the above paragraph from the Times newspaper of Tuesday, October 21st; but before making any remarks on a subject so interesting to the profession, we shall recal to our readers the following particulars, as the cases are, to a certain degree, similar:

"In 1806 John Williamson was charged, upon the verdict of a coroner's inquest, with the wilful murder of a patient whom he had attended in her labour. She was delivered by the natural efforts of a live child, when he left her without removing the placenta. The next day he introduced his hand, put her to excruciating pain, and dragged a large mass into the world, which he then removed with scissars. She died during the operation.

"The mass so removed proved, upon examination, to be the entire uterus and several yards of intestine.

"He was tried before Lord Ellenborough, who at once stated that the capital part of the charge could not be sustained, as there was no proof of malice. The trial proceeded upon the

charge of manslaughter, on the ground of the employment of undue force; but the evidence did not satisfy the jury, and he was acquitted. Lord Ellenborough (*inter alia*) said, "it was necessary to look with an indulgent eye on those failures in the practice of midwifery which must occasionally happen; and that, if medical men, properly instructed, used all due diligence, and exercised the best means they were possessed of, for the benefit of their patients, and failed in their endeavours, they ought not to be called before a court of judicature to answer for their conduct; but that if men exercise the profession of midwifery without having duly qualified themselves by previous experience and study, and death ensues from their practice, they would be liable to prosecution for manslaughter, as having presumptuously undertaken an office on which the life or death of an individual must depend, without having properly fitted themselves to execute it."

The observations of so distinguished a judge as Lord Ellenborough are extremely important, and it appears to us that he has laid down the true distinction between the accidents which are simply unfortunate and those which arise from presumptuous ignorance.

Criminal prosecutions, for this very reason, are infinitely more rare than civil actions for damages, in cases of unsuccessful practice. In the instance recently occurring at Liverpool, as far as we may judge from a newspaper paragraph, it appears that a poor young man, who most probably had passed two or three anxious and sleepless nights in attending on his patient, and who proceeded to employ instruments with the best possible intentions, to relieve her from her suffering, has had, (because the result was unfavourable), his misfortune, and not his crime, branded with the same name, and

punished with the same severity as the drunken or passionate ruffian who maliciously destroys the life of a fellow creature. Indeed, as far as proceedings have hitherto gone, his punishment has been far more severe, as he has not only been dragged from his family and friends to a common prison, and thus at once deprived of present means of subsistence; but, even should he be acquitted eventually, his professional character will have been so blown upon as to injure his prospects for the remainder of his life. Now, even if it could be proved that the patient did perish from injury done by the improper use of instruments, and that the author of the mischief never had been qualified by previous education to undertake such an important trust, still we should like to inquire whose fault is this? Surely it may be safely laid at the door of those corporations and colleges who regulate the education of medical students; and who, with one exception, and that a very recent one, have not thought midwifery a necessary part of their studies,—who have over and over again certified to the fitness for medical and surgical practice of young men who have never paid the least attention to one of the most important branches of that practice; and who, in the outset of professional life, are constantly called upon to undertake the management of cases to which they are totally incompetent; and which, of course, they must too frequently mismanage.

But we have no reason for supposing that Mr. Bernard Scanlon has not had a proper education; and upon the production of evidence to that effect at his trial, the verdict will, in a great measure, depend—but not entirely. We should like to know what appearances were found, which, after the body of the poor patient had been buried a

fortnight, and consequently had been dead nearly three weeks, afforded those who examined it such conclusive proof that the woman had fallen a sacrifice to the unskilfulness of her attendant? They could have found only two things—a livid appearance of the uterus, which they might refer to mortification from bruises; but which, we can tell them, occurs where no bruises have been inflicted: or laceration of some part—but where is the proof that this laceration had not taken place spontaneously, as it often does, independently of the instruments applied? We know an instance where an eminent accoucheur was called in to a case of ruptured uterus; the symptoms were decisive, and had occurred spontaneously. As the child's head was within reach, the forceps were immediately applied; the patient easily delivered; but died shortly afterwards. The body was examined by a RIVAL, *privately*; the rupture, of course, was perceived; and immediately declared to have been produced by the blades of the forceps, which had never touched the patient till after the fatal accident had occurred. This leads us to ask, who was the writer of the letter to the mayor a fortnight after the funeral? The relations, the friends of the poor woman, the female gossips in the neighbourhood, would have had their suspicions immediately after the patient's death; and would surely have communicated them without delay, if they had done so at all. We hope, for the honour of our profession, that no sneaking scoundrel, in the shape of a rival practitioner, was the author of this letter. Too much of that odious spirit exists already; and we feel disgusted at every fresh proof of it. We trust that those medical men who gave their evidence at the inquest, and who will again be examined at the trial, will remember that the eyes of their brethren will be directed

towards them ; and that whatever they say will be rigorously criticised. So with this warning to them we take our leave, hoping that there may be no repetition of such evidence towards a brother practitioner as disgraced a recent medical trial at Bristol.

MEDICAL POLITICS.

IT has been a frequent subject of complaint, that while the upper house boasts a whole bench of bishops, and lawyers are found in the lower house, crowding both the ministerial and the opposition benches, the medical and surgical professions have not had their interests sufficiently represented in the great council of the nation. It is needless to do more than hint at the numerous occasions when the services of the doctors might be found useful. When the *constitution* is threatened with premature decay, who so likely to infuse new vigor into the organs of administration as an experienced physician? When any important operation is to be proposed by the minister, a good surgeon would *sound* the tory members better than Mr. Arbuthnot. When it was desirable to *feel the pulse* of the public, we back Sir Henry Hallford against Mr. Peel himself. We all know how often a *fermentation* prevails in Ireland ;—the proper man to consult is not the Marquis of Anglesea, but Mr. Brande. A few doses of that excellent soporific, the *Lancaster Black drop*, judiciously administered, would quiet a *commotion* in Manchester better than a regiment of dragoons. When the whigs will not *stomach* the minister's proposal, Mr. Abernethy is obviously the man to set matters to rights.

So convinced are we of the indispensable necessity of some admixture of professional opinion into both houses

of parliament, that we hasten to announce the formation of the New Medical Parliamentary Joint-stock Association, for the purpose of facilitating the return of useful and efficient representatives at the next general election. These medical movements have, it is said, created symptoms of uneasiness in the administration. The hero of Waterloo himself has been heard to say, that if a Prime Minister is again to be chosen according to his returns of killed and wounded, one of the Medical Corporations must undoubtedly furnish his successor. The idea of an Administration purely medical has even been suggested. We think it merits serious consideration. The surgeons might, perhaps, desire a repeal of the *Habeas Corpus*, but any irritation this might produce would be soothed by the *place-ebos* of the First Lord of the Treasury.

The arrangements hitherto agreed upon (as far as they have yet come to our knowledge) are as follow :—The boroughs *by prescription* are to be given to the Censors of the Royal College of Physicians. Several new Boroughs are to be enfranchised, and *Gravesend* is to return three representatives, one from each branch of the profession. Dr. Gooch, the king's librarian, it is thought, has strong claims for *Reading*. *Lynn* is reported to have much influence in Norfolk ; and the President of the College of Surgeons has his eye upon *Carlisle*. Several young surgeons have started for *Kildare*. The most promising candidate is Mr. L——s of Edinburgh. The President of the College of Physicians for the time being is to be the member for *Feversham*. *Scarborough* is to return the Vice-President of the College of Surgeons. Dr. Merri-man will be returned for *Middlesex*, and Mr. Stone for *Flint*, without opposition. The oculists and dentists are not idle. Mr. Alexander is canvassing

the Borough of *Eye*, and Mr. Cartwright is as successful as ever at *Exmouth*.

Mr. *Earle* is to be raised to the peerage; and, that no branch of the profession may want a proper representative, it is proposed to send Wakley to *Coventry*.

UNION OF LAW AND PHYSIC.

AT Michaelmas Quarter Sessions for the county of Worcester, Mr. T. Beale Cooper, one of the *magistrates* residing at Bengeworth, was appointed *physician* to visit the Lunatic Asylum at Droitwich every three months, receiving for each visit the sum of *ten guineas*!!—The Asylum is within seven miles of Worcester, which is well supplied with medical men of the first respectability. The magisterial physician who has been appointed to this duty, resides at the distance of more than twenty miles. By this arrangement an additional burthen is imposed upon the county, as a professional man from Worcester would have performed the duty for half the sum above mentioned; and therefore the magistrates have doubtless had some powerful motive for giving the preference to *Doctor* Cooper, who, we are informed, has a St. Andrew's degree, and is therefore fully entitled to act as physician. From the activity which the gentleman has displayed on the bench, there is reason to hope that, when his attention is directed to medicine, he will prove a great acquisition to our profession; at all events, the union of two pursuits, generally looked upon as incompatible, is sufficiently important to be placed on record.

MIDDLESEX HOSPITAL.

THE Governors of this hospital have passed a resolution disavowing any connexion with the London University, as stated in the advertisements issued by the Council of the latter.

DEATH OF DR. PEARSON.

DR. PEARSON died of an apoplectic seizure, on Sunday the 9th ult. at an advanced age. He was senior physician to St. George's Hospital, having been elected on the same day as the late Dr. Baillie.

A vacancy has thus occurred at this hospital, and from what we have heard, it seems probable that Dr. Seymour will "walk over the course."

WAKLEY PUT TO THE PROOF!

WE had proposed to offer some observations on our cotemporary's often repeated promise to prove the illegality of the Apothecaries' late Regulations, and his elaborate answer to the castigation of the Times; but a poetical correspondent has forestalled us.

SONG.

Oh, dear! what can the matter be?
Dear, dear! what can the matter be?
Oh, dear! what can the matter be?
Wakley so long at the proof!

Their laws are "illegal," says he; and on
Friday
I'll prove it as plain as the sun when it's
high day;
But on Friday he tells us, this cannot be
my day
For giving my readers the proof!

For a fortnight he conn'd o'er each new
regulation,
But to prove them illegal was sad bother-
ation,
So, says he, I will swear it is all "usurpa-
tion,"
And that will go down for the proof!

I have nicknamed the Court, I have nick-
named the Hall,
So "filthy"—so "stupid"—so "cruel" to
all;
I have shewn up the "Times" and the
Brunswicker's fall,
And is not that capital proof?

And now, if each pupil with me makes
alliance,
He'll set up a shop—bid the "old hags"
defiance;
And if he is cast—why the judges want
science,
And next Friday I'll give him the proof!
And it's oh, dear! what can the matter be?
Wakley so long at the proof!

HOSPITAL REPORTS.

PARIS HOSPITALS.

*La Charité.**Wound of the Brain from the Point of an Umbrella thrust through the Orbit—Prolapse of the Eye.*

A MAN when intoxicated received a blow on the left eye with the point of an umbrella, by which the upper eyelid was torn, the orbit penetrated, and the ball of the eye thrown out upon the cheek. He was brought to La Charité, where an attempt was made to reduce the eye: at first this could not be accomplished, as the eyelids were contracted, and having their edges turned backwards formed an obstacle which was insurmountable, till an incision about four or five lines in length had been made at the external angle. The eye was insensible to light, the pupil motionless, and very much dilated. The humors, at first perfectly clear, became obscured by a little blood, from the compression employed in the reduction. The eye was now retained in its place by a proper bandage. Next morning the eye was again found protruded from the socket, nor could M. Roux effect its reduction. The patient was largely bled. In the course of the day the intoxication subsided, but he passed into a state of coma. Next day (16th) the eye had lost part of its volume, some of the humours having escaped by an aperture at the outer side. The coma was less deep than before; the speech difficult and unintelligible. He was again largely bled. In the course of the evening the arms were in continual motion, and frequently carried to the head. The legs were also in continual agitation, and the patient evinced great sensibility when they were pinched. There were likewise observed some convulsive movements of the lower lip and neck on the right side.

He lived six days longer, during which time the principal phenomena were paralysis of the right arm, followed by that of the lower extremity of the same side, with sensibility of both legs. Subsequently, the motion of the leg returned, and afterwards that of the arm. The sensibility and motion of the left arm then became somewhat impaired, while there was constant agita-

tion, and increased sensibility in the leg of the same side. There was constant convulsive movement of the neck and lower part of the face on the right side, seldom on the left. These afterwards extended to the upper parts of the countenance. Death took place on the eighth day.

Examination.—The optic nerve was not found to be lacerated, and being cut in the direction of its fibres, it appeared natural. The parts about the eye were confused by the injury and subsequent inflammation. The orbit contained a grey purulent sanies, which communicated with the interior of the cranium by means of a fracture of the vault of the orbit, so large that the point of the umbrella had passed through it. Some fragments of bone were found entirely detached. The dura mater was extensively lacerated at this point, and a part of the anterior lobe of the brain broken down and disorganized. The course of the instrument, with which the wound was inflicted, was traced into the ventricle. The arachnoid at the base of the brain was highly inflamed.

ST. BARTHOLOMEW'S HOSPITAL.

Extravasation of Urine into the Cellular Tissue of the Scrotum, Penis, and Perinæum.

JOSEPH WISHART, a sailor, on the evening of the 21st of October was admitted under the care of Mr. Earle, having a very considerable degree of swelling of the penis and scrotum, with great inflammation of the surrounding parts, from a rupture of the urethra, in consequence of stricture and extravasation of urine into the cellular tissue. The scrotum was distended to about the size of a pint measure, and the penis to about three times its natural dimensions, looking quite transparent and glazed, and having a fluctuating feel. He was in very great pain, and had not passed more than a few drops of urine since the night before last. He had walked nearly a mile in this condition. He stated that he was a married man, and had not had a clap for 25 years. About that period he had been obliged to remain one night up to his knees in water, three weeks after which he first observed a difficulty in passing his urine. He was then told

he had strictures, and he has never been free from them since. He has usually voided his urine by drops ten or twelve times in the course of the day. Two days ago he was forcibly straining to expel his urine, and has not made water since that time.

When Mr. Earle saw him his countenance was anxious, and his pulse small and irritable. Mr. E. immediately made four or five incisions in the scrotum, and some urine came away, which very much relieved the distention. He also cut down to the urethra behind the stricture, on which a large flow of urine took place. The parts were covered with a fomenting flannel, and he was ordered to take Hyd. Sub. gr. iij. Pulv. Opii, gr. j. directly, and a saline mixture every four hours.

22d.—Slept nearly three hours, and passed a very tolerable night, scrotum looking less inflamed and distended, and the pain being much diminished. Pulse quiet. Tongue covered with a thick yellow coat. Bowels had been open in the night. Made water chiefly by the wound, but a little came by the urethra. Incisions looked rather sloughy.

23d.—Had a good night. No great pain in the scrotum, which part looks very well; but the cellular membrane is in a sloughy condition. Skin hotter. Tongue brown, and rather dry. Pulse quiet.

Ordered a solution of chlorine to the wound, and to go on with the medicine and fomentation.

26th. — Great improvement; the wound looks better, and the slough is coming away. Makes more water by the natural passage than he has done before. Tongue cleaning, moist at the edges. Pulse 100, and small.

Nov. 10th.—He has been gradually improving; bowels were kept regular, and the wound has now thrown off all its sloughs, and looks healthy. He makes water pretty freely by the urethra, but no instrument can be passed: very little water comes by the wound.

Erysipelatous Inflammation over nearly the whole Body.

Charles Pike, an ostler, æt. 40, a stout, hale-looking fellow, was admitted under the care of Mr. Lawrence, on the 4th inst. having a swelling of the right hand and arm, with an erysipelatous inflammation extending up the same

limb. Some parts of the surface of his body were upon examination found to be more red than natural. He complained of some pain in his head, and also in the right hand; twenty-four leeches were applied around the swelling. The pulse was small, and the tongue coated. He said he was employed to bring a new horse home to his master's stable three days ago, and did not at that time observe any thing the matter with the animal. On the following morning, when he went to the stable, he found the horse very much swelled all over the head; there was no appearance of his having been kicked. He was directed to take him away, which he did. On the following day he first observed his hand to be swelled.

Ordered to be bled to ℥xij. and to take saline medicine.

5th. The hand is not reduced in size, and one part over the dorsum of the metacarpal bones threatens to mortify: there is a deep blush all round, and the erysipelas has extended all over the body, the skin looking of a dark red colour. The intellect is a little confused, and he has a disposition to wander. Tongue dry and brown. Pulse 84, soft, and rather small. Bowels open.

Ordered to be bled to ℥xvj. his head to be shaved, and a cold lotion to be applied to it.

Vespere.—The blood which was taken this afternoon had a very singular appearance. There was a very thick coat of buff upon its surface, and it had some patches of a dark blue colour. The intellect was becoming more deranged, and it was thought necessary to secure him by a strait waistcoat. Pulse much accelerated, but not fuller than it had been. The temporal artery was now opened, and about ten ounces of blood allowed to flow, when it stopped spontaneously.

He became gradually more delirious, died the next morning at eight o'clock, and the post mortem examination was made the same day.

The brain shewed evident marks of inflammation; all the venous trunks were distended with blood, and there was an abundant effusion of serum beneath the arachnoid. The vessels of the brain were enlarged, and formed bloody points, of a greater magnitude than usual. There were three or four ounces of fluid in the lateral ventricles.

The liver was much enlarged, and altered in structure, and there were several adhesions.

An incision being made into the cellular tissue of the right arm, there was seen to be a considerable effusion of a serous fluid, which extended nearly up to the elbow: one portion on the back of the hand had sloughed.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Nov. 3, 1828.

THIS being the first Monday in November, the Society, agreeably to the laws, held a General Meeting, for the discussion of private business; and these matters occupying the whole of the evening, no public business was entered upon.

Nov. 10.

DR. HASLAM, IN THE CHAIR.

Irregular Discussion.

The proceedings on this occasion were of the most irregular and discreditable nature. It was an *ordinary* meeting; but after the reading of the minutes of the two preceding evenings, the President began to descant upon matters which had been before the Society at the last *General Meeting*. In addition to this proceeding, which was, *in limine*, stated to be irregular, Mr. Lambert declaimed at considerable length, in the cant phrases of the *Lancet*, against some person or persons whom he pronounced to be favourable to "hole and corner" doings, &c. &c. In the course of this tirade he animadverted upon the reports of the proceedings of the Society published in the *Lancet*, with the editor of which journal he hoped the Society would come to some understanding, &c. &c.

The President coincided with the opinions of Mr. L. and appeared fully disposed to listen to any proposal he had to make, in open violation of the laws of the Society.

During these proceedings the speakers were frequently reminded by the Registrar that the whole of the debate was contrary to a law which had distinctly defined the objects of the ordinary meetings of the Society, and had left the discussion of matters connected with the economy or organization of the Society to the Council, and the General Meetings of the Society. The Registrar called upon the officers of the Society then present to procure attention to the law.

The President affirmed the power of the aggregate body to act for themselves. He preferred this to looking to a delegated por-

tion of it, which he called an *imperium in imperio*.

Dr. Williams, one of the Vice-Presidents, repelled with indignation the charge of "hole and corner" work brought against the Society, and was of opinion that nothing like illiberality had characterized their proceedings. The laws had provided a mode of bringing under discussion subjects connected with the welfare of the Society, without disturbing the tranquillity, or subverting the objects, of the ordinary meetings.

Mr. Taunton followed on the same side, and testified his willingness to lay before the Council the wish of some persons present to have a General Meeting of the Society called upon the subject to which the attention of the Society had that evening been directed; but protested that the proceedings of the evening had been highly irregular.

Several other members expressed their disapprobation of the infraction of the laws of the Society, and the proper business of the meeting began; there was, however, at that period a quarter of an hour only for the discussion of some interesting subjects which were to be brought before the Society.

Mr. Amesbury introduced to the meeting George Franks, the individual mentioned in his (Mr. A.'s) work, just published, as the subject of a fracture of the neck of the thigh bone. Mr. A. exhibited the patient as a proof that this kind of fracture was curable. A few observations were made on this subject; and then Mr. Lord stated that he had an interesting case to lay before the Society at their next meeting. It was an obstetrical case. The head of the fœtus was hydrocephalic—the uterus had been ruptured—and the Cæsarean section performed; but the breaking up of the Society prevented the relation of farther particulars.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 8.

CÆSAR HAWKINS, ESQ. IN THE CHAIR.

Diagnosis of Measles.

PURSUANT to the announcement from the chair on the preceding evening, Mr. Douchez read a paper on the means of distinguishing measles and scarlatina. The author presented the results of his experience in one or two large institutions, and read the details of some interesting cases. The paper, however, added little to the means of diagnosis already possessed in these diseases.

The discussion which ensued was good—the best, in fact, we have had this session. From the nature of the subject, however, it was varied,—sometimes turning on points of diagnosis, sometimes on the pathology or treatment of measles, sometimes on that of

scarlet fever. A little smart sparring took place in the course of the evening on the propriety of blistering in measles, or, indeed, in either disease. Dr. Webster spoke in favour of the measure, at least in those cases and stages where severe pulmonic symptoms were present. The blister should not be kept on more than three or four hours, a period in general sufficient for the application to produce its effects, and never, in the experience of Dr. Webster, productive of any bad consequences. Mr. North and Mr. Chinnock deprecated strongly the employment of blisters; the former declaring that he had frequently seen them succeeded by bad effects, never by good ones. Mr. Jewel recommended local depletion in the early stage of measles, on account of the prevalence of phthisis afterwards.

The sequelæ of scarlatina, especially dropsy, attracted much attention. Dr. Gregory, after drawing the notice of the members to the intimate connexion, in scarlet fever, between the affection of the throat and the redness of the skin, observed that, on several accounts, he agreed with Dr. Seymour in considering the disease as essentially one of the throat. He remarked that most of the morbid poisons—small pox, lues, measles, scarlet fever—affected this part in a remarkable degree, and conceived that the scarlatinal dropsy depended rather on the throat than the cuticular affection. In small pox the action on the surface is greater than in scarlatina, yet dropsy after small pox is comparatively rare. Dr. G. had often seen bark and tonics of service.

Mr. Jewel recommended active diuretics, digitalis, and squills; Dr. Copland, salines, with digitalis; and the general opinion seemed to be that no form of dropsy was so curable as this.

Dr. Somerville will next evening bring forward the subject of apoplexy.

We were glad to observe that the system of expressing approbation was not pursued this evening. Nothing can evince worse taste, to say the least of it, than applauding speakers in a scientific meeting, reducing them as it does to the level of performers upon the stage.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, Nov. 11, 1828.

B. TRAVERS, ESQ. IN THE CHAIR.

Inflammation of Veins.

THE minutes of the former evening having been read and confirmed, the President invited the members to resume the debate on Mr. Arnott's paper, pursuant to the resolution of the preceding meeting.

Dr. James Johnson rose, and having begun by complimenting the author on the interesting nature of his paper, and the extent

of research which it displayed, proceeded to point out some objections to the general doctrine, which, he stated, had been previously advanced by Breschet. This pathologist had supposed that the depositions in the internal viscera were caused by the veins of the part becoming inflamed; an opinion, however, which was rendered improbable by the fact of the interval between the vein affected with phlebitis and the venous system of the viscus being frequently, if indeed not generally, free from disease. He remarked, that Mr. Arnott had so fortified his position as to render it difficult or impossible to be turned; because he supposed inflammation to exist in the *radicles* of the veins; and this was a supposition which it was not easy to disprove. If its truth could be shewn, it would do away with "constitutional irritation," and all similar terms, substituting physical causes for such as were of a less intelligible nature. He thought, however, that the idea might be carried too far, in attributing the phenomena to the absorption of pus, or other inflammatory secretions. In two cases of Dr. Duncan's there had been no secretion of any kind in the veins.

Mr. Loyd was of opinion that the deposits of matter occurring along with phlebitis, were to be attributed to an inflammatory condition of the constitution. This he thought probable, both on account of the trifling nature of the local injury which often preceded them, and from their most frequently taking place where there were distinct indications of internal inflammatory action; as well as by their being relieved by antiphlogistic treatment; circumstances which were not so well explained on the supposition of a morbid poison being absorbed. He also thought that if they depended upon a different cause from other internal inflammations, the morbid appearances they presented would also be different. Neither, he contended, was inflammation of the veins always attended by such depositions: while, on the other hand, abscesses of internal organs have been found under circumstances which showed that phlebitis could have had nothing to do with their formation. Thus, he had known an abscess of the lungs in a patient who died eight hours after meeting with an injury. He frequently saw pus absorbed from abscesses to a considerable amount, without any inconvenience following: he had seen a lumbar abscess disappear in a patient under the care of Mr. Abernethy, where this was the case.

Mr. Arnott, in reply, observed that Breschet had not gone so minutely into the subject as he had done, nor taken precisely the same view of it. Indeed, that gentleman had attributed typhus to phlebitis, and had mistaken mere staining of the vein for inflammation. He (Mr. A.) had not said that the *radicles* of the veins were in-

flamed, but the branches of veins at the seat of the injury;—that he had not built any theory, but merely aimed to generalize the facts on record. Mr. A. then briefly referred to some of the leading circumstances in the cases he had related, and which will be found in our original report of his paper. He also related a case in which disease of the frontal sinuses had manifested itself externally, by the formation of pus under their site, and had spread inwards, producing an ulcer of the dura mater, over the longitudinal sinus, which he found to contain lymph and pus: and he added, as a proof that pus was carried into the circulation by the veins, that the left lateral sinus, though itself healthy, contained the usual fibrinous coagulum, which, on being torn, gave vent to purulent matter from its interior. Dr. Duncan's cases were not brought forward as phlebitis, but as diffuse inflammation; and we know that venesection may produce inflammation of the cellular membrane in the vicinity, without the vein participating in that disease. With regard to what had fallen from Mr. Loyd, he would remark, that he had not contended that phlebitis was always attended with purulent depositions, but that, when these occurred, they were of a peculiar character, being unattended by the usual appearances of inflammation in the organ,—resembling, in fact, a *deposition* of matter, rather than a part in which it had been formed by inflammation. He likewise denied that such cases were under the control of the remedies applicable to inflammation. As to the case in which matter was found in the lungs eight hours after an injury, he did not look upon it as in any way connected with the external violence. The disappearance of matter by absorption, without constitutional injury, was familiar; but that did not prove that matter formed under other circumstances might be carried into the circulation with equal impunity.

Fractures without External Injury.

Two cases, by Mr. Salter, of Pool, were read, describing fractures of the thigh bone, which had occurred without the application of external violence. In both there had been pain of the limb and lameness;—in both there was cancer of the mamma. In the former, union took place under the usual treatment; in the latter, the parts took on malignant action, and the patient died. On examining the body, the bone was found to be very soft.

The author thought that if the simultaneous occurrence of schirrous disease and spontaneous fracture in these two cases did not indicate a connexion between them, it was at least a remarkable coincidence.

The President thought spontaneous fracture an occurrence sufficiently common to be

familiar to all surgeons; but, considering the many cases of schirrus in which nothing of the kind took place, he could not look upon them as standing in the relation of cause and effect.

Mr. Loyd thought such cases not very uncommon: he had seen an instance in which a patient, under the action of mercury, broke the humerus during some trifling exertion: union had taken place about the usual period. Being asked by Dr. Copland whether the system was *then* under the action of mercury, he stated that it had ceased a short time previously. Dr. C. said, he had seen several cases in which union of fracture had been prevented by the mercurial action, and the President confirmed the observation.

Mr. Stanley related three cases in which spontaneous fracture of the humerus had occurred: in none was the accident attended with any malignant disease. In the first union did not take place; in the other two it did, and in about the usual time. The second case was in the person of a young woman, who about a year before had laboured under syphilis. She had, for some months, had pain of the arm, just at the spot where it subsequently gave way; and this pain underwent an exacerbation during each return of the menses.

Mr. Mayo had seen a case of spontaneous fracture when he was house surgeon of the Middlesex Hospital: the patient broke the humerus in merely extending his arm for something: it united in the usual manner.

NOTICES.

The "Student's" Letter in our next, when we shall be able to answer his question.

Several of the communications announced in our last Number shall appear in our next.

The communications of Mr. Rainey—Mr. Burnett—Dr. L. Stewart—Mr. Turley—"O. F."—Dr. Ryan—"A Student of 1805-6," and "An Old Subscriber," have been received.

Dr. Blundell's cases of extirpation, in our last, were taken from Mr. Ashwell's work, just published. The reference was omitted by the printer.

BOOK RECEIVED FOR REVIEW.

Address and Discourse delivered at the Opening of the School of Medicine and Surgery in Birmingham. By R. Pearson, M.D. Member of the Royal College of Physicians in London, and formerly one of the Physicians to the General Hospital, Birmingham.

ERRATUM.

In our last, p. 724, for "*James Heaviside*," read "*John Heaviside*."

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 51.] SATURDAY, NOVEMBER 22, 1828. [VOL. II.

ESSAYS ON SYPHILIS.

BY JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 743.]

GANGRENOUS ULCER.

I HAVE now to describe some of the most formidable and distinctly marked varieties of syphilitic ulceration; and I shall commence with what I call the *gangrenous ulcer*, which I distinguish both from the sloughing and phagedenic sores. By the gangrenous ulcer, I mean that species of sore which is occasionally met with on the internal prepuce, or in the angle between it and the glans penis. It is easily recognized by the great inflammation and the excessive pain by which it is accompanied: it is attended also with a full, hard, and frequent pulse, much thirst, and all the general symptoms of fever. This ulcer, if left to itself, proceeds rapidly in its work of destruction: the prepuce and the glans are speedily destroyed by the rapidity of its progress, and it is not until perhaps a considerable portion of the penis has undergone the process of gangrene, that the fury of the complaint appears to have expended itself. This, however, seldom happens, because there are few who do not seek for assistance at an earlier period of the complaint; and, indeed, nature not unfrequently interposes for the security of the patient by the occurrence of an hæmorrhage from some blood vessel of the part; in consequence of which the symptoms become suddenly mitigated, the dead parts are cast off, and a healthy surface presents itself. This is a form of disease in which the exhibition of mercury is at-

tended with the most mischievous effects, and, perhaps, of all the medicines with which we are acquainted, it is the most to be avoided. The principle upon which this disease is to be treated is that of subduing inflammation: you will often find, upon inquiry, that this ulcer commences with a mere pustule, or pimple, as in other cases; but in the course of a few hours, or perhaps in a day or two, pain and tumefaction of the part ensue, a general feeling of restlessness, with alternate chills and flushes, come on, the appetite declines, and the sore extends by forming and casting off a succession of sloughs. It is not, as in common inflammation proceeding to gangrene, that a certain portion is doomed at once to destruction, and the line of demarcation is plainly apparent, but this extension of the sore shall continue for an indefinite period, until the disease appears to have, as it were, worn itself out. These sores generally afford a thin, acrid, ichorous discharge; and when they occur in those persons who have the prepuce long, they are much more troublesome, and, generally speaking, less manageable, than in the contrary condition of that part. Such is the character of the most aggravated form of the gangrenous ulcer, which, in its milder form, appears to me to be the same which some authors have called the phagedenic, others the sloughing, and others again the irritable chancre: and here I cannot but lament the want of precision in the language usually adopted in treating of these complaints. Since a mistake in the description of the sore necessarily leads to a misapplication of the means of cure, it is highly important to affix a distinct

meaning to the terms we employ; for though language is defective, I fear it is not much more easy to delineate these various characters of disease, so as to avoid confusion. I beg, then, to repeat, that I restrict the term of the gangrenous syphilitic sore, or sores (for there may be more than one), to that wherein the pain, redness, and tumefaction of the parts, is accompanied with general constitutional disturbance, wherein there is great thirst, loss of appetite, a rapid and full pulse, and the subjects most usually attacked being the young, florid, and robust; whereas the phagedenic ulcer, according to my construction of the term, is one in which the ulcerative process proceeds with rapidity, where an imperfect kind of cicatrization takes place at one extremity whilst the disease proceeds in another direction, and where the state of health is rather denoting an irritable than an inflamed condition; the pulse is frequent, but not indicative of strength, and all the animal functions are in a depressed and weakened state. This sore, in fact, is usually the consequence of a maladministration of mercury, and is more prevalent in the female than in the male sex. I do not acknowledge it as the genuine and regular consequence of the action of the syphilitic poison, but believe that either an irritable constitution, or mismanaged and misapplied mercury, have given rise to the peculiar character of the ulceration, and thrown the disease out of its usual course.

The sore which I designate the sloughing ulcer is denoted by a great and remarkable degree of surrounding hardness; by a livid bluish colour; by its hollowness; by the sloughs being cast off in patches rather in depth than breadth; the health being undisturbed, and there being neither pain nor inflammation accompanying it. This last is the sore which Mr. Evans calls the *ulcus induratum*, I imagine, and which Mr. Carmichael has occasionally named the sloughing ulcer, as I have done; but he does not appear to restrict the term to this species only. You will find many authors asserting that such and such an ulcer is probably that described by Celsus, or by some other ancient writer: I shall not often allude to these distant authorities, because we have now to do with matters of fact, and if we do not at this time rightly comprehend the descriptions

given by our contemporaries, it is not very likely that we can gain any thing of practical advantage by endeavouring to trace a similitude between the ulcerations that we now are called upon to treat and those described by Hippocrates, Celsus, or other ancient writers.

But to return from this digression:— You will find authors asserting that the gangrenous ulcer is not followed by secondary affections; and in the majority of instances this is the case, though the rule admits of many exceptions; and, in my own practice, I have more than once met with an eruption of papulæ, preceded by pains in the joints, come on even before the original sore was perfectly healed. These instances of secondary affection generally follow the less violent forms of this ulceration, for it is not always met with in the same degree of intensity; and it appears very probable to me that, in the most severe cases, the poison is prevented from exerting its usual effects upon the constitution in consequence of the rapid destruction of the parts, and that therefore absorption does not in general take place. The same remark has been made by Mr. Pearson, when treating of the employment of cinchona in this species of ulceration, to which, however, I consider it to be entirely inapplicable; nor can we draw any favourable opinion of that medicine from the cases which he has related, since that can scarcely be lauded as a cure which implies the destruction of the whole penis. The disease, if left to itself, could indeed hardly have done more. The means of cure which I have always found to be the most successful, are those which have also been advocated by Mr. Rose and Mr. Carmichael, under similar circumstances. Blood should be freely abstracted, the bowels opened thoroughly, and the constitution put, as quickly as possible, under the depressing influence of the tartarized antimony, in divided doses. As a local application, I have found the poppy decoction, applied warm, the most soothing during the inflammatory stage, or a watery solution of opium. When the disease is checked, however, the balsams applied upon lint have appeared to me to hasten the exfoliation of the sloughs, aided by a warm poultice, in which the diseased parts should be wrapped. By the balsams I mean

those of Peru or of Copaiba, or the compound tincture of benzoin. As soon as the pulse has felt the influence of the depletory measures employed, opium in liberal doses cannot be too soon administered. Under this plan of treatment the disease will usually be arrested in three or four days; sometimes, if the patient makes early application, there will be a chance of saving the glans—but under every circumstance of favourable and early treatment, the complaint, in its most violent form, is a very formidable and alarming one, and some degree of mutilation is unfortunately very difficult to prevent. When the gangrenous process is checked, which process is only the effect of high excitement and inflammation, the appearance of the sore is generally florid and healthy, and it is usually remarkable for the rapidity with which it proceeds to cicatrization. This, however, must be understood with some reservation, for it now and then happens, when every thing appears to be going on well, that the surface of the sore begins to look glossy, the secretion is altered both in quantity and quality, the granulations are loose and unhealthy; and this is the preliminary step to the establishment of the ulcerative process. What, then, it may be asked, are we to do under these circumstances? To this I answer, that we must give mercury, and which we can do in this condition of the sore with as great a certainty of doing good as we should before have done mischief by its exhibition; for the whole circumstances of the case have become changed; the constitution of the patient has been materially reduced, as well as altered, by the previous treatment. Now there is evidence before us that the syphilitic poison is beginning to assume an activity; and it is at this period, too, that occasionally this suspicion becomes converted into a reality, by a slight renewal of feverish symptoms, by want of sleep and restlessness at night, attended with pains in the shoulders, elbows, knees, and ankles, and, soon after this, by an eruption of copper-coloured spots, or papulæ, sometimes with acuminate heads in the centre, at others having thin branny scales; and which eruption generally selects the breast, shoulders, or forehead, for its first appearance. In either of these events, then, I recommend the imme-

diately administration of mercury—that medicine so often abused and depreciated, but to which the profession always has returned with renewed faith and confidence, and to which might be fairly applied the remark that Helvetius has made relative to the Catholic religion, which he says has often been vehemently attacked, but has always a means of defence; though, in defending herself, she has been obliged to give up some of her outposts. So it has been with mercury: often assaulted by ignorance, or by prejudice, it has again lifted up its head—but not without losing some portion of its importance, and becoming restrained within more confined limits, and adopted under more precise regulations.

The gangrenous ulcer, which, as I have before said, sometimes heals with rapidity after the gangrened parts have been thrown off, proceeds to cicatrization under the use of simple applications; the health and strength daily improving: so that by the time cicatrization has taken place, the patient is restored to his pristine state of health. This desirable event will be much hastened by the employment of cinchona with the mineral acids, the sulphuric in particular; and a change of air will be highly beneficial as soon as the local disease will permit of motion. In these instances I should therefore upon no account have recourse to mercury. It is more than probable that secondary symptoms will not ensue; and if they should, it will be time enough to arrest them when they appear. But it is, I think, not only fair towards the patient, but prudent, as far as your own character is concerned, to explain to him the probabilities of the case, that his attention be awakened by any deviation from his usual state of health, and that no time be lost under a mistaken view of his condition. Thus far with regard to the gangrenous ulcer when it heals kindly and uninterruptedly; but when, on the contrary, the healing process suddenly becomes arrested, as I have before said, and the appearance of the sore to change in the manner I have described, the first inquiry to institute is, whether the general health partakes in the alteration; whether the stomach or bowels have become deranged, or there are any general causes which can have led to this deteriorated condition of the sore: if this should

appear to be the case, a cathartic, with an antimonial medicine, and a recurrence to an abstemious diet, will probably put all to rights again. The ulcer will again put on its florid look, and proceed in its progress towards cicatrization; but if, on examination, none of those symptoms are detectable, mercury should be administered at once. The mode of doing so is perhaps of less importance if the bowels are not irritable: the blue pill, mixed with a small proportion of opium, in doses of five grains, may be given twice or three times in the day; and of the strong mercurial ointment a drachm may be rubbed into the thighs every night. The object here is to have the evidence of mercurial action upon the system, which is best denoted by the condition of the gums. It is not that a sore mouth, in the usual sense of the word, is at all essential to the cure, but it is the best proof of the general action of the remedy upon the system; and the curative process is not so satisfactorily or certainly performed where that proof cannot be obtained. In the administration of mercury one precaution is absolutely necessary; either perfect confinement to the house, or such care in the exposure to weather, and such precautions against damp clothes or wet feet, or other sudden transitions of temperature as shall be equivalent to it. These are old precautions, it is true; so old that I am sorry to say they are worn out; and now we meet with people every day who are getting cured of syphilitic complaints, and taking a mercurial pill or two, as they will tell you, pursuing their usual business; or, what is still worse, usual debaucheries, without fear of the consequences; but this is a line of conduct which I never would sanction.

Under the mode of treatment I have mentioned above the ulcer will most usually reassume a healthy aspect; not, however, all at once, but generally from the circumference to the centre. Fresh granulations will make their appearance; and now it becomes a question how long the mercurial treatment must be persevered in. I know of but one criterion by which to form my judgment; for I cannot believe that in every individual the same precise quantity can be necessary, or that it acts upon the system by its weight. This is not the place for this inquiry; but I must ob-

serve, that I should not think my patient secure as long as any hardness, or elevation, or diseased condition of the cicatrix, remained; but that I should continue to administer the remedy cautiously and uninterruptedly, until that end was obtained; but it would be equally unwise to persevere in the exhibition of the remedy, if, instead of putting on a healing aspect, when mercury had produced its legitimate effect upon the system, ulceration should continue to spread; and still less if that should be the case, as it sometimes is, where mercury excites its own specific fever. In either of these events it must be abandoned immediately, or consequences much more serious will ensue; and then the sore must be treated upon those common principles of surgery which would apply to unhealthy ulceration in other situations. If, however, no evil consequences to the general health follow the use of the remedy, the local treatment of the ulcer will be very simple. To keep down luxuriant granulation by the lunar caustic, or a weak solution of sulphate of copper, or by an ointment composed of the red precipitate, with some simple ingredient, will generally be found sufficient for the purpose. To illustrate the symptoms, and mode of treating this form of ulceration, I shall give a sketch of three cases; one recorded by Mr. Rose, another by Mr. Carmichael, and one that occurred in my own practice; and I have so selected them, that in the first you should perceive the most aggravated form of the disease; in the second one it is obviously the result of improper treatment in the first instance, whilst the third is an example of secondary affection coming on not above a month after the cicatrization of the primary sore.

Thomas Clarke, of a full habit of body, twenty-one years of age, was admitted into the Coldstream hospital with six or eight deep irritable sores on his internal prepuce: the surface of these was covered with a dark coloured slough; they had thickened and highly inflamed margins; and discharged a very acrid ichor. He complained of much head-ache and thirst; had a quick pulse, and other febrile symptoms. The sores had been present three days, and were perceived a week after a suspicious connexion; the glands in each groin were enlarged. He was ordered a brisk dose of jalap and

cream of tartar, and six grains of antimonial powder, and a small quantity of Epsom salts every four hours. Cold saturnine lotion was applied to the parts. On the two following days the febrile symptoms were increased. He had restless nights; frequent cold chills; much head-ache; and a constant irritable cough. His tongue was covered with a white fur; his pulse was quick, and not easily compressed; and his skin hot and dry. He had much pain in the sores, which were rapidly extending and running into one another; a dark coloured inflammation surrounded them, which terminated immediately in gangrene. He had been freely purged: the cold lotion was laid aside, and the decoction of poppy used as a fomentation. On the third day the sloughing had extended, and a considerable portion of the corona glandis was destroyed; a hæmorrhage took place from it this morning, by which he lost a pint of blood; an artery of some size in the glans was secured by ligature. Equal parts of balsam of sulphur and oil of turpentine were applied to the sore; and the cold lotion was again had recourse to. The following day the sloughs had no disposition to separate; and on the body of the glans, anterior to the margin of the sore, several dark coloured spots had shewn themselves. He had violent burning pain in the glans; his face was flushed; his tongue covered with a brown fur; and his pulse 102. The day after he had two returns of hæmorrhage, but not to a great extent; he was somewhat less feverish, but weaker. The prepuce was slit open, the sore dressed with compound tincture of benzoin, and a fermenting poultice applied over it. He was ordered beef tea, and a draught with camphor mixture and spirits of ammonia every three hours, and some compound ipecacuanha powder at night. The next twenty-four hours the burning pain was relieved, there was a good deal of dark-coloured discharge in the poultice, the glans was separated from the corpora cavernosa, and in a few days the whole sloughs were thrown off, but it was not until the lapse of ten days that healthy granulations began to shew themselves, and within three weeks after the sore was healed. This man is noticed at the end of some months as not having had secondary symptoms.

Such are principal facts of this very instructive case. Mr. Rose anticipates the remark that I should wish to make, that an early bleeding would probably have been very beneficial; but this history points out to us almost every circumstance necessary to be kept in mind in this species of ulceration: first, the great local pain, the rapidly extending and gangrenous character of the sore, the high symptomatic fever, the benefit derived from spontaneous hæmorrhage, and the advantage of warm fomentations: it would also appear that the terebenthinate application was premature, inasmuch as the inflammatory symptoms had not at that period expended themselves.

I next present you with Mr. Carmichael's case, premising that he denominates the sore phagedenic. Michael Cleary, admitted on the 19th of December; the entire prepuce either presenting a sloughing or a phagedenic ulcerated surface; the glans penis could be seen in a similar sloughing and phagedenic state, projecting through the ulcerated edges of the prepuce, the entire penis swollen and inflamed, pain excessive, high symptomatic fever, pulse 120. He stated that the ulcer first appeared on the glans about a month before his admission, and that he had rubbed in fourteen drachms of mercurial ointment; he was bled to ℥xvj. ; had the solution of tartarized antimony prescribed, and to the parts a fomentation and poultice: the 20th, he was bled again: on the 26th, the greater portion of the glans was in a state of slough; on the 2d of January the entire glans and prepuce had separated; the symptomatic fever reduced. Ext. Conii, gr. v. was ordered three times a day. The ulcer healed so rapidly that it was necessary to introduce a piece of bougie into the urethra to keep that passage open.

Mr. Carmichael's commentary upon this case is, that the loss of the glans and prepuce might have been prevented, if the depleting plan had been adopted instead of mercury before his admission. This I believe to be a very just and important remark; and I quote the case in order to shew you the mischief of prescribing mercury under that peculiar condition of the system, both locally and generally. The last illustration of this ulcer which I have to relate is that of Drummer Colquhoun, of the Gren-

dier Guards, who was admitted into the hospital with a deep sloughy sore, extending round the upper half of the corona glandis. The penis was much swollen, and the next day he could not retract the prepuce. The pain in the part was very great, and his pulse was both frequent and full. Six leeches were applied to the penis, a brisk purgative was ordered, and on the following day he was much easier; for, in addition to the blood drawn by the leeches, there had been a considerable hæmorrhage from within the prepuce; the penis was fomented, and he took a saline antimonial medicine every six hours. In about ten days he was enabled to denude the glans, when the ulcer was found to be in a healing state. It healed in about another fortnight, and he was discharged to his duty, having used no mercury. In about a month this man returned to the hospital, having very visibly declined in flesh. He complained of great pain in all his limbs, very much aggravated at night: the left elbow-joint was much enlarged, and very painful to the touch, but not at all inflamed; but there was no fever, and the appetite was unimpaired. A blister was applied to the elbow, and he was ordered five grains of the blue pill twice a day. The blister relieved the pain, but did not diminish the swelling. In about ten days his mouth became tender. He continued to take mercury for five weeks longer, entirely lost all his complaints, and had experienced no relapse at the end of two years.

Upon this latter case I shall make no comment; I relate it to you merely as establishing the fact I mentioned above, of the occurrence of secondary symptoms occasionally after the gangrenous ulcer, even almost as soon as it has healed.

From these cases you will, therefore, perceive both the usual progress of the symptoms, the local termination, and the possible consequences that may result from it.

SLOUGHING ULCER.

I next proceed to the description of what, in my phraseology, I call the *sloughing ulcer*; which answers to the *ulcus induratum* of Mr. Evans; and which Mr. Carmichael, I imagine, has described as the true Hunterian chancre, followed by the scaly venereal disease. Of this, however, I am not po-

sitive; and I draw the inference merely from his description. At all events, this is a form of ulceration not by any means uncommon in this country, and is most assuredly followed by a train of secondary symptoms, unless it is treated by mercury. The appearance of the sore is very remarkable, so that when once it has been seen it will scarcely be mistaken afterwards. Its usual situation is the inner prepuce, just where it unites with the glans penis. The first coming on of this ulceration is, I believe, denoted by the formation of a pimple in many cases: it also makes its appearance sometimes in connexion with a large patchy excoriation of the surrounding parts; which, however, heals up quickly and readily, leaving only a central spot, which is the nucleus of the ulceration. This quickly enlarges, and is characterized by a cartilaginous hardness, without pain or inflammation: the colour of the sore, which is a little excavated, is of a livid bluish tint: it affords an unhealthy foul discharge, having little or no resemblance to purulent matter; and the sore extends by casting off sloughy shreds, and rather burrows into the substance of the parts than extends much laterally. In this case the general health suffers no derangement; and there is no local pain, excepting where the prepuce is long, and an attempt is made to denude the glans. On the first establishment of this sore, it is generally easy enough to draw back the prepuce so as to ascertain its nature, if the patient complains early; but the lapse of a few hours increases the surrounding hardness so much that it afterwards becomes impossible to denude the glans until the sore is reduced to a healing condition. Now the treatment of this sore is very simple; and there is no species of ulceration which more readily yields to the judicious employment of mercury. As an application to the part, the black wash, composed of one drachm of calomel to four ounces of lime-water, is by far the best; indeed, as far as my experience goes, I should say the only one, required. If the prepuce cannot be withdrawn, the surface of the ulcer may be washed with this lotion by means of a syringe: in common cases, it may be applied upon a piece of lint two or three times a day. In the general administration of mercury in this case, I should insist upon the absolute

confinement of my patient to the house—entirely, if possible, but certainly in the evenings; for I have observed that there is always a strong tendency to constitutional affections following this class of sores; and I cannot, therefore, recommend a trivial or slight use of the remedy. My plan would be, to let the patient rub in a drachm of the stronger mercurial ointment, night and morning, until the mouth became affected, simply tender; and afterwards to proceed more slowly, carefully watching its effect upon the general health. I have always found, when the mercury began to act upon the system, the most decided and rapid change in the face of the sore: a florid red succeeds to the livid colour, the matter discharged is good, and the surrounding hardness disappears rapidly. When this is the case the black wash is no longer useful as a local application; a clean piece of lint is alone necessary; and nothing remains but to continue the administration of the mercury until the hardness be entirely gone—absolutely invisible: and then let it be understood that our patient, though well, is in a condition far from safe, with a constitution loaded with mercury, and prone to disease from the very circumstance of long confinement: he is anxious immediately to return to his former habits of life, nor can we prevent this; but we are at least bound to lay before him the probable consequences that may ensue, if, in defiance of caution, he exposes himself to the chance of taking cold, until the lapse of two, three, or more weeks. These consequences sometimes become very serious, and lay the foundation for numerous diseases, even worse, perhaps, than that from which he may have just escaped. Of these I shall have to speak when I come to consider the effects of mercury on the constitution: I now only mention them in order to put you on your guard in the treatment of these patients after they are, to all appearance, cured of their complaints; for there is nothing more perplexing and vexatious, to the young surgeon especially, than to have his syphilitic patients return upon his hands with symptoms so equivocal that it requires much judgment to discriminate them from the real consequences of the venereal disease, and much firmness to quiet the alarmed mind of the patient, and to prevent him from having recourse rashly to mer-

cury—the very source of his present maladies. The veteran surgeon may, perhaps, despise these reflections; but they are not the less important because he may stand firm in the security of a great name, and an established reputation: the young surgeon has this edifice to raise; and he can only succeed in so doing by securing the confidence of those who entrust themselves to his care: and nothing, surely, can tend to shake that confidence more than the return of disease at *the end* of a tedious and disgusting process; in fact, at the very moment that he considered himself as free from all medical restraint.

APTHOUS ULCER.

That species of ulceration which I designate the *apthous*, is one of common occurrence: it is the form in which syphilitic virus establishes itself usually on the frænum, or rather in the little depressions on each side of it, as well as upon the glans penis itself. The first appearance of this sore I am unacquainted with: I have never seen it otherwise than as an apthous spot, surrounded with a deep red circle of inflammation. It is often stationary, or at least makes but little progress for a few days; but at last the ulcerative process is established. If situated near the frænum, that part either becomes included within it, or is undermined and destroyed from below outwards. The ulcer frequently extends itself in a circular manner, or rather like the segment of two circles, until the upper one sometimes reaches the orifice of the urethra, and often extends a little within it, causing great smarting and uneasiness in passing the urine. If situated on the glans, there is frequently but little inflammation round the edge of the ulcer; but it will burrow deeply and ulcerates rapidly, forming a cup-like excavation. It has often been recommended to destroy these apthous appearances when first discovered; and, under certain conditions, there can be no objection to doing so: but I think those who have had extensive experience in these complaints will readily admit that they have often been disappointed in their expectation of destroying the disease by this means: on the contrary, they will have often found ulceration spreading itself more rapidly in consequence of the irritation produced; and I believe that the employment of the

caustic is only successful in those cases where the surgeon is enabled to apply it before the process of ulceration has begun: for when the apthous spot is surrounded by a well-defined and decided margin of inflammation, not only is it of no use as a preventive, but it has appeared to me generally to hasten the extension of the sore.

With respect to syphilitic ulcers on the glans penis, I have farther to remark, that this part alone is not nearly so often the seat of disease as might have been anticipated, and that although it is very common for ulceration to spread from the edge of the internal prepuce upon the glans, it is by no means so to find a syphilitic ulcer confined entirely to the glans itself; and when mercury is administered, it is equally necessary to be cautious in its exhibition, and to watch its action upon this part; for if phagedenæ become established, the rapidity with which it is destroyed is truly alarming: in sores situated and commencing solely and entirely on the glans, I should be loth to adopt the use of mercury, unless the margin was inflamed, raised, and hard, for it is in this situation that this character, supposed to be peculiar to venereal ulceration, is always to be met with. Mr. Howard mentions a useful example of this kind, and a similar case came under my care some years ago, where, in defiance of the opinion of one of the most celebrated surgeons of this town, a small uninflamed simple sore on the centre of the glans was converted by the inordinate use of mercury into a deep excavated ulcer, occupying a large space of the glans; the patient had taken mercury by the mouth, and rubbed in without advice, or rather against it, and had travelled in this way from Paris to Geneva, where becoming alarmed, he returned to London, and it was upwards of three months before the sore was healed, leaving a considerable depression from loss of substance. With regard to the treatment of the apthous ulcerations, then, you may, if they are presented to you in their very origin, supersede them by the employment of the caustic; if ulceration has commenced, the use of a mild saturnine wash, or a gently stimulating application, (the *mel eruginis*, largely diluted, or the sulphate of copper), will be advisable. Mercury should also be exhibited; but it is better in these cases,

I believe, to commence slowly, and to prescribe it with moderation. I am generally contented with its internal exhibition, and prefer the blue pill to every other preparation; rest and quietude are equally necessary in the cure of these ulcerations as in either of the former: first, with reference to the general health, and secondly, because bubo is very apt to accompany or even to succeed to these sores: but it is remarkable that when the glans penis only is the seat of ulceration, that enlargement of the inguinal glands seldom takes place. The time requisite for the perfect cicatrization of these sores is usually very considerable, especially where the *frænum* becomes involved in the disease, and whenever that is the case its destruction is, I believe, inevitable. I do not think these sores usually go through their several stages in less than from twenty to thirty days; and here I am not inclined to press the exhibition of mercury to any great extent; when the ulcer is healed it may in general be discontinued; there is seldom any hardness remaining, and wherever buboes accompany it, and proceed to maturation, the continued exhibition of mercury must be looked upon with much apprehension; for beyond a certain point the perseverance in this medicine appears to do decided harm, and I have often had cause to lament its continuance where the ulcer just healed has begun again to assume an unhealthy aspect, or the bubo, if suppurated, to discharge a profuse and sanious matter, the surrounding skin to ulcerate, and the general health to give way. Those ulcers which are situated in the neighbourhood of the *frænum*, which they invariably destroy, are extremely apt to put on this rebellious appearance when mercury has been pushed too far or continued too long: they are not often accompanied by bubo, but they will continue to retain an unhealthy ash-coloured appearance, neither extending nor diminishing much in point of size, for many successive weeks; neither mild nor stimulating applications appear to have the slightest effect upon them; the patient's health is usually good, but if rigidly examined, there will be found to be some slight deviation of the pulse from the natural standard, the rest will be acknowledged not to be sound, and the appetite capricious, or diminished. I be-

lieve there is nothing that can be recommended with confidence in this condition of the ulceration—perhaps the balsam of Peru or copaiba, mixed in equal proportions with yolk of egg, forms the best local application: the patient may be sent in a favourable season to the sea-side; he may be freely purged, or take the sarsaparilla occasionally with advantage: all we can say is, that the sore will get well; but it generally requires twelve or even fourteen weeks to complete the cure under such circumstances; and I scarcely know any case more annoying to the surgeon and the patient, for the ulcer will often not exceed the size of a silver threepence, and yet week after week shall elapse, and notwithstanding all your endeavours, it shall not vary an atom in size, nor alter its character in the smallest degree. I need not say that these are proofs that mercury has been carried too far; but it must be your care to prevent these evils by watching cautiously the condition of your patient, being satisfied with a very mild and careful exhibition of the remedy, and pausing the instant you find any sign of either constitutional or local derangement. In general I am content to prescribe the blue pill in doses of five grains twice in the day; the operation of which upon the system will become apparent in seven or eight days in the majority of instances, and then all we have to do is, to keep up this effect until the ulcer is perfectly healed. The plan of treatment necessary to be adopted in those melancholy cases which we sometimes meet with, where, in consequence of the rash administration of mercury, phagedena has taken place, will come to be considered when I treat of the deleterious effects of mercury; for according to my arrangement I do not acknowledge a phagedenic ulcer as the direct consequence of syphilis.

I have not said so much, perhaps, as I ought to have done regarding the local management of the sores just described; but you must vary your plan according to the different stages of the ulceration: in the inflamed condition mild washes, and poultice where the situation of the sore admits of it, will be most advisable; after which the red precipitate ointment, or Bates's camphorated lotion, or the sulphate of copper diluted with water,

will expedite the formation of healthy granulations. As a general remark it may be observed, that greasy applications are not to be recommended in the early stages of these ulcerations; and when they have become healthy, little else than cleanliness and dry lint will be requisite: when the frænum gives way, a trifling hæmorrhage will occasionally occur, but it usually ceases spontaneously, and at most only requires the application of caustic or the blue vitriol to arrest it.

RAISED ULCER OF THE PREPUCE.

I come next to consider the only remaining distinct form of syphilitic ulceration which I am enabled to make out, that is, the raised ulcer of the prepuce, which Mr. Evans has called *venerola vulgaris*, admitting two varieties of it, and Mr. Carmichael has designated by the name of the primary venereal ulcer. This ulceration demands our especial attention, since its appearance in its several successive stages differs very much, and therefore the same description will not apply to it throughout its whole course; it is also of very common occurrence, and leads to constitutional symptoms in a great majority of instances, though that appears to be less certainly the case than in the Hunterian chancre, or the sloughing one. This species of ulceration has been noticed by Mr. Howard in very distinct terms: he says, "Another form in which the disease appears as a first symptom, is that of a brownish kind of scab, somewhat depressed, as if the parts were rotten beneath, with the margin of the scab separating from the surrounding skin." This description is strictly applicable to one stage of this ulceration, but only to that one; and therefore we must pursue it from its first invasion, in order to understand the various aspects which it may occasionally present, since we may be called upon to decide upon its character in various periods of its existence. This sore is liable to more variety also, in consequence of situation, than any other, for its appearance upon the outer skin of the prepuce, penis, or scrotum, is very different, in degree at least, from that which is met with when it is situated within the prepuce, or on the glans itself; the great characteristic is, that in no stage is the hardness surrounding the sore so great as in the sloughing ulcer; there is, however,

more pain, the margin is commonly inflamed, and the healing process very tedious: much thickening also remains after cicatrization, excepting when seated on the glans, when a depression is usually the consequence. This thickening of an ulcer has been made by one writer on syphilis as the best criterion of every form of venereal ulceration, and he declares that he is so much guided by the feel of the surrounding parts, that whenever called upon to pronounce whether a suspected sore be a chancre or not, if his reputation depended on the decision, he would rather trust to his fingers than his eyes, provided he had the choice of either, but was debarred the use of both. I do not quite concede to this opinion in all its extent; but unquestionably in treating those ulcerations of the genitals which do not fall exactly within the descriptions given by authors, the circumstances of induration, inflamed and hard margins, would go a good way in deciding the character of the sore, and consequently in regulating our practice.

[To be continued.]

LUXATION OF THE FEMUR.

To the Editors of the London Medical Gazette.

GENTLEMEN,

THE following is a correct statement of the particulars of a case of luxated femur, recently admitted into St. Thomas's Hospital under my care. The circumstances entitling it to notice are, the reduction after so long a period as five to six months; the relapse of the bone from its socket in the patient's movements upon his bed, and the yielding of the cervix femoris during the efforts for its replacement, on the sixth day following. The issue of the case shall be communicated; but as, in addition to the above reasons for its publication, it is probable that inaccuracies may find their way into the reports of bystanders, I beg to authenticate the following.—I am, Gentlemen,

Your obedient servant,

BENJAMIN TRAVERS.

Bruton Street, 17th Nov. 1828.

A stout middle-aged countryman, whilst employed in felling a pollard on the 4th of last June, was struck down by its unexpected fall; his right arm was fractured, and his right thigh dislocated.

He describes his sensation as that of being beaten away from his limb, while, from his position, it was in a state of extreme abduction from the trunk. On his admission into St. Thomas's, on the 4th Nov. inst. the limb was observed to be shortened about two inches, the knee and foot inverted, and the thigh slightly bent upon the pelvis. It was immoveable, except to a very limited extent, and the attempt at abduction or rotation outward painful. The head of the bone was very distinctly felt lying upon the ilium, above the ischiatic notch; and the trochanter in a line drawn from thence to the anterior inferior spinous process of the ilium.

On the 7th Nov. (with the concurrence of my colleagues) the man was placed in a bath, heated to 90 degrees, and gradually raised to 108 degrees during his immersion for 20 minutes, when he was carried directly to the theatre. He was bled to $\frac{3}{4}$ xxii. whilst in the bath. Being now laid upon his back, and the counter extension secured by a padded belt passing between the displaced bone and the pubes in a right line with his body, the extension was made in much the same line of direction, by a rope and pulleys attached to a padded strap made fast above the knee. As the extension proceeded the pelvis was fixed by a girth round the table, and a round towel, passed under the top of the femur, was drawn upwards by an assistant. During the operation the man took at intervals a solution of half a grain of tartar emetic, and lost another pound of blood from his arm. Gentle rotation of the knee and foot outwards was made from time to time, and at the expiration of about 45 minutes the head of the bone, which had been felt progressively descending, slipped into the acetabulum with a sharp and very audible report. Immediately after releasing the patient, the observation was made that the limb was shorter than the other; but it was no longer inverted, was free to move to the extent which was thought prudent, and the configuration of the hip, as compared with the opposite, and the natural distance betwixt the spine of the ilium and trochanter femoris, were restored. The man felt (to use his own phrase) that it was all right; he was replaced in bed, with his knees bound together by a roller, and a strong caution to remain strictly without mo-

tion; also to pass his stool, when he had occasion, upon the draw sheet. Half an hour after his removal to bed I carefully examined his limb, and found it straight, and to appearance, of the same length with the opposite. In the night he became very restless from pain in his loins, from which he had suffered much since the injury; and although repeatedly cautioned by the sister and a fellow patient to lie quiet, turned himself over to the left side, and repeatedly raised both knees. The bed-pan also was employed contrary to express direction; and for this purpose he assisted in raising himself. The consequence of some one of these movements was, that the limb was again displaced, and next day the head of the bone was ascertained, upon examination, to be lying imbedded in the notch, so that only a segment of it could be felt. Having some febrile action, a dose of scammony and calomel was given, and an antimonial draught prescribed, to be repeated at intervals. On the 6th day (Thursday), being well recovered, and with excellent courage to repeat the attempt at reduction, he was again conveyed to the theatre, the precaution being taken to prepare a double inclined plane-bed, and adapt it accurately to the length of the sound limb; upon which it was intended to confine him by fixing the foot and pelvis. The head of the bone was now less advantageously situated for reduction. The man was laid upon the table, which was placed obliquely between the points of extension, inclined to his sound (left) side; and the extension so applied as to draw the thigh a little obliquely upward, in a direction across the opposite. An assistant raised the shaft of the bone at its upper extremity, and rotation was occasionally made of the knee and foot to such extent as the strictness of the extension would allow: the pelvis was fixed as before. A full basin of blood was taken from his arm, and he took two doses of the solution of emetic tartar. On relaxing the cord, after a second extension of about a quarter of an hour, for the purpose of giving more scope to the requisite motions of the limb, a degree of mobility was instantly perceived, together with a distinct sense of crepitus, which totally altered the nature of the case. Upon minute examination, the cervix was

discovered to have given way, and the head of the bone, apparently broken short off, lay upon the ischium, above the spine of that bone, at the lower and outer edge of the acetabulum. The limb was, of course, free to move, the foot slightly everted, and in length little differing from its fellow.

The man was now placed upon the fracture bed, the foot of the affected limb secured, as in fractured cervix, and the pelvis strap applied. Some simple dressing was laid upon the excoriated knee and groin; and the man being chilled, and complaining much of pain, 50 drops of tincture of opium were given him in a camphor draught. At 9 p. m. his chilliness had abated; he still complained of pain in the hip, but felt a disposition to sleep. Nov. 14. Had some refreshing sleep, but complains less; bowels not opened. Ordered to take a dose of P. Scamm. c. calomel, which operated freely. Position of the limb remains unaltered. Nov. 15. Patient easy; bowels well opened during the night. Nov. 17. The patient is entirely free from fever, and makes a little complaint of the knee and loins, none of the hip. The right limb is about an inch the shorter of the two.

From the position in which the man describes himself to have stood at the time the blow was inflicted, we should have said the dislocation upwards and forwards was that most likely to have been produced; but it is probable his position underwent some instantaneous change, of which he was not conscious, in the effort to escape whilst the tree was swerving from the direction in which it was meant to fall. I have said that upon his admission the head of the bone was distinctly felt above the ischiatic notch, *i. e.* at its superior and anterior margin. Here it is easily felt, being covered only by the glutæus maximus muscle. I am disposed to think, with the late Dr. J. Gordon*, that this is the common situation of the head in the luxation upwards and backwards, and not the hollow of the dorsum; in which, according to Boyer, it forms a cap of the glutæus minimus. This was the situation in which Mr. Trye, of Gloucester, found it, in a dissection made on the twenty-second day from the accident, when it was brought into view by raising the glutæus maximus, not placed

* A Probationary Essay on Dislocations of the Thigh Bone. Edin. 1808.

on the dorsum of the ilium, but inferior to the margins of the lesser glutæi. If the head of the bone lay in the hollow of the dorsum, the shortening of the limb would be nearer four inches than two.

I have been asked whether the fracture did not occur in the first attempt at reduction; and whether the snap attributed to the restoration of the bone to its socket, was not occasioned by the fracture. I answer—

If the crash of fracture resembles indistinguishably the peculiar short snap, or pop, which generally attends reduction of the femur, and often, though for obvious reasons in a less degree, of the humerus;—if the signs of fractured cervix are immobility, permanent flexion of the thigh on the pelvis, and inversion of the knee and foot, so that the inner condyle of one femur lies against the base of the opposite patella, and the toes of one side upon the instep of the opposite foot; if these are indications of the case supposed, I will yield the conviction which I had derived from actually grasping the head of the bone during its descent, until it suddenly slipped into its place. With respect to the seeming shortness of the limb after reduction, a slight change of the points of bearing, instinctive on release from painful confinement—and every body knows how great a change in the appearance of the limb the slightest obliquity of the pelvis produces—can alone explain it, since the difference had disappeared in half an hour after the patient had been replaced in bed.

Mr. Osler, late surgeon to the Swansea Infirmary, sent me the report of a case of recent dislocation on the dorsum ilii, which relapsed twice as the man lay in his bed, at short intervals after the reduction. It was reduced a third time, and the parts so confined as to prevent a recurrence of the accident; and the man recovered perfectly. Mr. O. attributed the circumstance to a co-existing fracture of the brim of the acetabulum.

Much as I regret the accident which defeated the second attempt at reduction, I am not without hope that the termination of the case may be more favourable than that of non-reduction.

The accomplishment of reduction after a period of twenty-two weeks and four days is, I believe, unprecedented; it is an exception to a surgical canon,

resting on high authority, that, after the lapse of a much shorter period, the attempt should not be made.

The indispensable importance of securing the limb by extraordinary apparatus, which was, in this instance, unfortunately overlooked, from the little apprehension entertained in ordinary cases, I need not insist upon. It may be concluded that, in addition to the destruction of ligamentous attachments, and the formation of preternatural adhesions, some considerable changes had taken place from absorption in the dimensions of both ball and socket, predisposing, probably, to the relapse in the first instance, and the fracture in the second.

EXTIRPATION OF THE UTERUS.

To the Editor of the London Medical Gazette.

SIR,

THE case in which I successfully excised a uterus affected with malignant ulceration having been admitted into your Journal a few weeks ago, I beg leave to make known, by the same channel, that the operation has now been performed by me, for this disease, in four different instances: of these four operations, one (that already given to the public) has terminated favourably—the other three have proved fatal; two of them within a few hours after the womb was removed. In one of the fatal cases, examination after death was not allowed; in the other two the bodies were carefully inspected, by Mr. Green and Mr. Callaway, in one instance, and by Mr. Green and Mr. Morgan in the other. No undesigned wounds were found in the parts contiguous to the uterus. All the four cases were deemed hopeless, unless the help of surgery could be interposed.

I am, Sir,

Your obedient servant,

JAMES BLUNDELL.

Great George Street, Westminster,
Nov. 6, 1828.

EMPHYSEMA OF THE LUNGS.

To the Editor of the London Medical Gazette.

London, Oct. 31, 1828.

SIR,

THE following brief notice of a case of emphysema of the lungs, which I have

selected from my case-book—as it will contribute to prove the utility of the stethoscope in the diagnosis and treatment of thoracic diseases, and as it is a case of no common occurrence—perhaps you might think worthy of your consideration; if so, you will afford it a place in your valuable Journal.

I am, Sir,

Your's, &c.

S. COOPER.

Daniel Rogers, a man of apparently robust constitution, complained of frequent cough; distressing dyspnoea; oedema of the lower extremities; palpitation of the heart. These symptoms (the dyspnoea and oedema) had gradually appeared during the last two months. The day I first saw him was June 1st, 1828, when this report was made. The cough, he stated, had been present from a very early period; expectorated a quantity of mucus frequently.

From the preceding symptoms, it would appear that the man was affected with hydro-thorax; the sequel, however, proved the contrary. Upon applying the stethoscope below the clavicle the respiratory murmur was very distinctly heard, and being desired to take a deep inspiration, a loud hissing *râle* was perceptible over the greater part of the chest; action of the heart much increased; the contractions of the left auricle very indistinct. Upon percussion the chest was sonorous, except over the region of the heart, which emitted a dull sound.

Diagnosis.—Emphysema of the lungs; hypertrophy of the left ventricle.

The symptoms gradually increased; and nothing worthy of comment occurred until his death, which took place on the 23d of June.

Antopsia.—Upon laying open the thorax the lungs did not collapse, but were somewhat thrust forward from without the cavity of the chest. Externally their surfaces appeared covered with small nodules, but healthy as to tissue, if we except a few slight adhesions to the pleura costalis: these did not appear to have been the result of recent inflammation. Upon cutting into their substance a quantity of air escaped; the section exhibited a dilated state of the air-cells generally, and the division of a number of vesicles, which were intersected by partitions of mem-

brane*: several of the vesicles were as large as a nut. The parietes of the left ventricle were double the natural size, and the cavity much contracted; the arch of the aorta presented several small spots of ossification; other viscera healthy. I should have stated before that the bronchial tubes were slightly inflamed, and contained a very considerable quantity of muco-purulent fluid.

ON THE SECALE CORNUTUM.

BY GIDEON MANTELL, ESQ. F.R.S.

Member of the Royal College of Surgeons, &c.

To the Editors of the London Medical Gazette.

GENTLEMEN,

ALTHOUGH the publications of Dr. Neale and Mr. Michell have directed the attention of the profession to the use of ergot of rye, in protracted parturition, yet as this remedy, like every new one, will have many prejudices to encounter before it is allowed a place in the materia medica of the accoucheur, I beg to lay before your readers a brief statement of my experience of its effects, in the hope of inducing other practitioners to give it a fair and immediate trial.

During the last three months I have administered the ergot either in powder or in the form of tincture in about thirty cases, and the following is the result of my observations.

1. The secale cornutum has, in no instance, produced any alarming symptom; the powder was a most effectual preparation in doses of from ten to thirty grains. The tincture was best adapted for a delicate stomach.

2. It never failed to excite uterine action, and (with the exception of two cases) expedite delivery. In twenty-three cases strong expulsive pains were induced in from ten to twenty minutes after its exhibition, and the labours terminated favourably in a period varying from a few minutes to an hour and a half. All these were protracted labours, in which the pains were either very slight and ineffectual, or had entirely ceased when the ergot was given;

* A plate, representing this disease, might be seen in the 4th Vol. of the Dublin Hospital Reports.

so that no doubt could exist of the efficacy of the remedy.

3. In plethoric habits, when the pains were frequent but unavailing, venesection was found necessary before the administration of the ergot.

4. In a case where much constitutional irritability prevailed, the medicine occasioned the most excruciating pains, apparently without expediting delivery; in other cases of this kind, a large dose of laudanum was administered, and when the pains had entirely subsided the ergot was given, and produced the happiest effects.

5. In abortions where the placenta was retained, the ergot checked the hæmorrhage and occasioned the expulsion of the after-birth: in these cases from ten to fifteen grains of the powder were given, and repeated according to the urgency of the symptoms.

In short, Gentlemen, limited as my experience has been of the effects of the ergot, I cannot hesitate to express my conviction that this medicine possesses all the properties that have been ascribed to it by its warmest advocates, and will be found, if administered with due precaution, one of the most valuable agents the accoucheur can possess.

Having some time since observed, in a contemporary medical journal, remarks from several correspondents on the most effectual means of suppressing uterine hæmorrhage after delivery, I would beg to offer to the *inexperienced* accoucheur a few observations on this important subject. In cases of uterine hæmorrhage the usual practice of removing the placenta with one hand, while firm pressure is made on the abdomen with the other, and the uterus grasped, as it were, till it contracts upon, and expels the hand introduced, the immediate application of a cloth, or bandage, round the body, and, when required, the free application of napkins, wet with cold water and vinegar, have, with but two exceptions, been the only means I have found necessary to employ in upwards of two thousand cases. In the instances alluded to, passive hæmorrhage continuing after the removal of the placenta, the vagina was plugged with pieces of soft napkins, and both the patients recovered. Nothing has appeared to me to be so effectual in the prevention of hæmorrhage and syncope as the simple expedient of having,

at the commencement of labour, a cloth, or napkin, pinned or tied round the abdomen, so as to afford moderate support. *This should be tightened when the child is born, and firmly secured so soon as the placenta is expelled:* and I would strongly recommend the medical attendant to apply the bandage himself, and not leave it to the nurse. The practitioner has now a most powerful remedy in the secale cornutum: whenever hæmorrhage is threatened after the removal of the placenta, a moderate dose should be given;—under any circumstances it can do no harm.

The following report of midwifery practice in a healthy country town, during the last fifteen years, may probably interest some of your readers:—

Number of cases, 2410.

Arm presentations, 4, or one in 600.

Cases in which turning was necessary, 8—one in 300.

Cases in which the forceps were employed, 6—one in 400.

Cases of embryotomy, 3: in one the fœtus dead; in two, destroyed—one in 800.

Puerperal convulsions, 6: three delivered by natural efforts; one, the child turned; one by forceps; one, convulsions *after* delivery—one in 400.

Fatal cases, 2: one, uterine hæmorrhage, fifth month after pregnancy, occasioned by too early exertion; died 48 hours after delivery: one, fatal syncope, without any apparent cause, died 12 hours after delivery—one in 1200.

I am, Gentlemen,
Yours, &c.

GIDEON MANTELL.

Castle Place, Lewes, Nov. 1, 1828.

ON INFLAMMATION OF THE PLACENTA.

By S. J. STRATFORD, Surgeon.

THAT inflammation of the placenta will sometimes occur is, I believe, now placed beyond all doubt: the symptoms, and more especially the consequences, do not appear to be fully understood: perhaps, however, the circumstances attending the following cases may tend in some degree to illustrate them.

About the middle of June 1828 I was called to Mrs. C. who believed herself in about the third month of pregnancy. She had been attacked with pain in the back, extending down the thighs; it had come on gradually, and was attended with symptoms of fever; such as a quick

pulse, sickness at stomach, constipation, &c. These symptoms increased; she was attacked with cold shivers, and discharge of blood from the uterus: this and the pains increased; and after a short time an ovum was discharged, with its membranes, placenta, &c. The pains now somewhat subsided; so also did the hæmorrhage; but there was a degree of tenderness experienced upon pressure just above the *symphysis pubis*. This, however, subsided after the administration of some purgative, and sudorific medicines.

Upon examining the ovum I found that the foetus and all its appendages were present. The placenta was large, soft, and spongy; its surface covered with flakes of coagulable lymph: these were particularly marked upon its inner surface, while some were loose, and easily detached. The foetal membranes I thought somewhat thicker than usual, and more opaque; the liquor amnii contained small portions of lymph floating in it. The umbilical cord was swelled; and the whole cellular tissue of the foetus was loaded with a thin serous fluid; in some parts to the extent as almost to render it transparent.

Reflecting upon this case, I am led to conclude that inflammation of the placenta is sometimes a cause of abortion, and that the effects of inflammatory action in this membrane are similar to those which evince themselves in the other animal tissues. The disease appears in some degree to have extended to the structure of the uterus; as may be inferred from the pain on pressure, and febrile symptoms; while the effused lymph decidedly points to the part affected. A very curious, and not the least interesting point, is the effusion of serum into the structure of the foetus—a kind of congenital dropsy, bearing a very considerable analogy to general anasarca caused by disease of the lungs. The similarity in function of the parts tend to convince us, that although it may differ as to the positive situation of its cause, the effects are the same. These conclusions are also supported by a case which occurred to me while a student in London. I had engaged to attend a poor woman at her labour; when I first saw her she believed herself to be in about the seventh month of her pregnancy; she was particularly large, the abdomen being greatly distended. She had long experienced severe pains in the back, which I suspected might

arise from the evident distension of the uterus. About a month after I first saw her, I was called to attend her: before I arrived the membranes had broken, and considerable quantities of water were occasionally discharged. The labour proved tedious, but the child was at last expelled; and I confess I was somewhat surprised to find, although alive, it was completely œdematous; its cellular tissue was filled with serum, as in a common dropsy; the distension of this texture was universal; while in all the parts endowed with a lax cellular tissue it was particularly remarkable. The respiration was very short and quick, evidently oppressed, while the whole of the child felt extremely cold. The umbilical cord was also swelled and full of serum, so much so that I found it difficult to restrain the hæmorrhage by the ligature. The child lived about three weeks, during which period a considerable portion of the serum was removed by the absorbents. The skin now was lax, and the countenance appeared shrivelled and ancient, while general debility was particularly marked; and it sunk without presenting indications of any obvious disease. The symptoms which here presented themselves I am now inclined to believe were caused by inflammation of the placenta; much more chronic, however, than the preceding variety; and the morbid accumulation of the liquor amnii, in all probability, was connected with the existence of the same disease. Some of the symptoms nearly correspond with the description of the compact œdema of infants, as given by M. Leger, and I cannot help suspecting that future experience will confirm the fact, while it will be found that inflammation of the placenta afforded the mechanical obstruction to the foetal circulation which he imagined was a cause of that disease.

P.S.—I have preserved the ovum in spirits: it clearly shews the several appearances I have detailed. I should be happy to shew it to any person who might wish to see it.

Nov. 1, 1828.

BOTANY AS REQUIRED BY THE APOTHECARIES.

GENTLEMEN,

THE letter from the Secretary to the Court of Examiners, Apothecaries'-Hall,

published in your Gazette, has certainly removed those doubts which might previously have been entertained as to the application of the new rules to students of various dates; but there is still one point on which obscurity seems to hang, and it is in hopes that if this letter meets the eye of Mr. Watson he will kindly remove it, that I presume to address you on the present occasion.

Previous to January last attendance on botanical lectures was not required, and the examinations in materia medica, I am credibly informed, consisted, as far as botany was concerned, merely in naming certain medicinal plants, of which figures or specimens were shewn. In the early part of this year medical botany was expressly added to the code of regulations, and in the last curriculum the word *medical* is omitted, and botany, without this qualifying appendage, would seem to implicate a requisition to study the general principles of the science, and not to become acquainted merely with the names of some few medicinal plants. Now, without pretending to decide whether such knowledge be useful or not, I am anxious to know whether a candidate will be examined further than as to the names of medical plants, and whether or not he will be required to produce a certificate of having attended a *bonâ fide* course of botanical lectures; and I put this question the more pointedly, because I heard a lecturer on botany say that if he understood the regulations at all, such a *bonâ fide* course must be attended, and that the materia medica lecturers must add botany to their course, not only by name but in fact, or their certificates would not suffice; and, on the other hand, I heard a materia medica lecturer state that he should, when speaking of the various drugs, &c. mention the names of the plants which produced them, and the classes and orders to which in the Linnæan system they belong, and *no more*, and yet that his course included the botany required by the Apothecaries' Company. Such cannot be esteemed a *bonâ fide* course of botanical instruction, whether combined with or separated from materia medica; and if the Court examine no further now as to the botanical knowledge of candidates than before these regulations existed, I am at a loss to know why at first "medical

botany," and afterwards "botany," became introduced into their code.

Yours obediently,

A STUDENT.

[We have made inquiry in the proper quarter, and find that a separate course of botany *is not necessary*; but it is expected that the lecturer on materia medica shall explain the general principles of that science.—EDITOR.]

IRISH APOTHECARIES.

To the Editor of the London Medical Gazette.

SIR,

It strikes me as being a strange oversight that, while those institutions which preside over medical education are unceasingly brought under the pen of criticism, whenever time or circumstances have rendered abusive their regulations, the Apothecaries'-Hall of Dublin should have hitherto remained unnoticed. It is notorious that, to the branch of our profession emanating from that body is intrusted, (in an equal degree with the general practitioner in this country), the medical treatment of a great majority of the people. To meet this important and responsible trust, you must be aware that the laws of the company, to which I allude, *require* from those applying for examination no greater extent of knowledge than is necessary for a mere apothecary, though the duties attendant on that state constitute, in reality, the least trying item of their professional avocations. Called on by custom to form a part, for which, in many instances, self-instruction, and the imperfect views necessarily founded thereon, comprise his sole qualification, it is only a matter of surprise how respectable a place in public estimation the Irish apothecary has held, and still continues (as the result of his own spontaneous exertions) deservedly to enjoy.

Now, Mr. Editor, what through you I would submit to the sanative effects of public discussion is, whether, seeing the decided defect which exists in that quarter, the many facilities which Ireland possesses for the acquirement of medical information, may not be turned to better account by rendering attendance on an hospital or infirmary

(one of which, at least, is founded in each large town) indispensable; rather, than as the matter stands at present, leaving it optional with the individual himself how to proceed. Some such system, if adopted, would considerably enhance the benefit which, even under its present charter, the corporation has conferred on society; and if, in addition, whilst the spirit of reform is abroad, the unreasonable length of apprenticeship under which a young man has now to groan, namely, seven years, were reduced within rational bounds;—you, Mr. Editor, may judge whether that act of utility which would instal science in the place of comparative empiricism, would not merit and receive a high eulogium from every philanthropist. Should these few observations find, through your favour, a corner in the next Gazette, you would oblige

An admirer of the
Impartiality of your Journal,
O. F.

Kennington, 12th Nov. 1828.

MR. FIELD AND MR. LAMBERT.

To the Editor of the London Medical Gazette.

SIR,

At the ordinary meeting of the Medical Society of London, on the 10th instant, some expressions fell from Mr. Lambert, in reference to my conduct in the society, which I deemed to be offensive, and replied to with some indignation. Mr. Lambert afterwards explained, so as, in my opinion, and in the opinion of my friends who were present on that occasion, to sufficiently apologize for the expressions in question; and after the breaking up of the meeting, upon Mr. Lambert offering me his hand, I did not hesitate to take it. Since that period a report of the proceedings of the society appeared in the *Lancet*, concluding with a sentence or two, imputing to Mr. Lambert remarks upon my conduct more offensive than those which had called forth my angry feelings; leaving, however, untold the explanation which followed. After perusing this report I requested my friend Mr. Blenkairne to wait upon Mr. Lambert, for the purpose of asking that gentleman, in the most explicit manner, whether I was at all mistaken in concluding

that a sufficient apology had been made for expressions which the warmth of argument might have elicited. Mr. Lambert, in the most gentlemanly manner, assured Mr. Blenkairne that my view of the affair was perfectly correct; and that any thing like a personal insult, or demonstration of animosity, was altogether foreign to his intention.

Thinking it due to my character to make this statement, I beg the favour of your inserting this letter in the next number of your Journal.—I am, Sir,

Your obedient servant,

JAMES FIELD.

Bolt-Court, Nov. 17th, 1828.

ANALYSES & NOTICES OF BOOKS.

“L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M. D. Fellow of the Royal College of Physicians of Edinburgh, &c. London, 1828.

IN considering the pathology of the alimentary canal, Dr. Abercrombie begins by passing rapidly in review the structures of which it is composed: these are three, namely, the peritoneal, muscular, and mucous coats.

The *peritoneum* naturally secretes a serous fluid; and it is probable that very low degrees of inflammation may relieve themselves, merely by effecting some increase of this natural function. But, in higher degrees of action, we see the fluid which, in the healthy state, is transparent, becoming opaque and milky; then having flocculi of lymph intermixed with it; and lastly, losing entirely its original nature, it assumes all the characters of pus. And these changes in the fluid may occur without any conspicuous alteration of the membrane itself. The deviations from healthy structure connected with inflammation are chiefly a thickened state of the peritoneum, with softening, or the deposition upon its surface of an adventitious membrane, which afterwards gives rise to preternatural adhesions. The peritoneum likewise is liable to become tuber-

culated, or to be covered with nodules of a semi-pellucid character, constituting the hydatids of Dr. Baron.

The *muscular* coat is subject to a morbid, but uniform increase of action, generally arising from irritating substances applied to the internal surface of the cavity, as in simple diarrhoea. It is also liable to an increased, but partial action, attributed by our author to morbid irritability of small portions of the internal surface. This is the state usually understood by spasm; and lastly the muscular coat may lose its power; this occurring either from over distention or inflammation. When it has been highly inflamed, it is generally likewise much distended, and, if ruptured, falls together like an empty bag, without any appearance of muscular contraction. One of the most obvious results of inflammation of the muscular coat is gangrene; and when this is present, it may be looked upon as proof that this part has been involved in the disease. Thickening of the muscular tunic has been pointed out by the French pathologists as sometimes occurring, particularly in the stomach.

The *mucous membrane* comes last; and here too inflammation and its consequences are the principal morbid conditions: the effect of the lowest degree of this action is merely to increase the quantity of its proper secretion—this, however, being generally more or less changed. In another state of inflammation aphæ are formed, and in a third, false membranes: this is particularly the case in the air passages. In a more protracted variety of the disease the mucous membrane becomes softened, or pulpy, and portions “fall out and leave spaces which are apt to pass into ulceration.” In other instances a considerable part of the membrane becomes of a uniformly dark colour, along with softening, resembling gangrene. Adhesions of the mucous membrane, so as to obliterate the passage, are met with, but very rarely.—“A case has been related to me,” says our author, “in which it was found to have taken place in the parts included in a hernia.”

In a yet more chronic form the inflammation of this structure manifests itself by increased and diseased secretion; and under these circumstances it sometimes becomes thickened, and even indurated, so as to diminish the caliber of the canal, forming strictures. Fun-

gous elevations, alternated with ulcerated portions, frequently accompany this state of the mucous membrane.

The follicles appear to be liable to vesicular or pustular forms of disease, passing into small ulcers, independent of any disease of the mucous membrane. Tubercular disease is met with in the intestines, and this is probably seated in the follicular or glandular structure: it is most common about the cardia pylorus and extremity of the rectum.

The part of the inner membrane of the bowels concerned in absorption also appears susceptible of morbid change incompatible with its function; though the most usual cause of the alimentary matters not being absorbed is disease of the mesenteric glands.

Having premised these general observations, Dr. Abercrombie next proceeds to individual subjects, beginning with the *PATHOLOGY OF THE STOMACH.*

Inflammatory Affection of the Stomach, and Ulceration.

“Acute gastritis,” remarks our author, “is a disease described by all systematic writers; but, in the records of pathology, it is very difficult to find a pure example of it in an idiopathic form.” In this we perfectly agree with Dr. Abercrombie. It is remarkable to find a disease so regularly described by authors in their works, and lecturers in their discourses, which, in reality, is so seldom met with in actual practice. Has any one of our readers ever seen a case of *gastritis*, properly so called—that is, of inflammation of an acute character involving all the tunics, and running rapidly into gangrene—such a disease of the stomach, in short, as we meet with in the bowels, and know by the name of Enteritis? Dr. Armstrong has given a beautiful plate, representing the stomach in a state of inflammation, with coagulable lymph deposited upon its external surface; but the history of the case is not given. That disease to which the name of gastritis is generally applied is an acute inflammation of the mucous membrane of the viscus: nor is this common, except from the action of certain poisons received into it. The symptoms described as attending gastritis are pain in the region of the stomach, with urgent vomiting, and fever; but, according to Dr. Abercrombie, these phenomena are by no means so regular or constant as they have been

stated to be, and he refers to cases recorded by various writers, in confirmation of his opinion. He regards it as a point "yet to be ascertained," what the appearances are which the mucous membrane of the stomach exhibits in the early periods of acute inflammation, and in what they differ from appearances which may present themselves where no symptoms of disease in the stomach have been present.

Leaving this part of the subject in the same unsatisfactory state in which he found it, the author next proceeds to speak of *chronic inflammation* of the stomach; a disease so insidious as often to have assumed the characters of organic, and irremediably changes before its presence is manifested by symptoms. In the early stages of this disease the most common indications are merely those attendant on dyspepsia, such as acidity, eructations, flatulence, and oppression, with occasional pain in the stomach. This last varies considerably in its characters: sometimes it is felt only after eating, and during digestion: sometimes the uneasiness is permanent, and only aggravated when the stomach is full; while in other instances there never is any pain, but a certain degree of heat. Vomiting in the early stage is only occasional; but the intervals between its attacks become shorter as the disease advances. Various degrees and forms of suffering occur in different cases; while, in many, there is scarcely any complaint made till a short time, perhaps a few hours, before the last fatal attack. Wasting of the flesh is the most constant symptom of any.

The progress of this chronic inflammation is extremely slow, and probably it may subside, and recur again, till it gives rise to more permanent mischief,—ulceration being the most common. The kinds of ulceration which Dr. Abercrombie has described are as follow:

1. A small defined ulcer, with loss of substance, and elevated edges, from the size of a split pea to that of a shilling. Sometimes only one such ulcer exists, the rest of the stomach being perfectly healthy: at other times there appears to have been a succession of them, some cicatrizing as others made their appearance.

2. Ulcers like those above described, but complicated with thickening and induration of the parietes of the stomach, perhaps to the extent of a crown

piece around the ulcer, the rest of the stomach being healthy.

3. Extensive irregular ulceration of the inner surface of the stomach.

In some cases the prominent morbid appearance is a thickened state of the mucous membrane to a greater or less extent. In other cases portions of the mucous membrane have been found softened or entirely destroyed.

Where the disease proves fatal after protracted suffering, a succession of small ulcers is generally found, which have spread from one part to another. This, for the most part, is attended with thickening of the coats, and adhesions to the neighbouring viscera. But the patient may be carried off by hæmorrhage from an ulcer, the disease at first appearing to be no more than simple hæmatemesis, which, however, is found to resist every attempt to check it. Or the stomach may be perforated, allowing the escape of its contents, and thus causing death. In cases of this nature two different appearances present themselves: in one the ulceration seems gradually to have gone on till the parietes of the viscus have been completely perforated: in the other there is thickening the part through which the ulcer has made its way, becoming cicatrized at the edges, and thus forming a smooth defined cavity, covered only by the peritoneum; which last at length giving way, allows the escape of the contents. When adhesions to neighbouring parts take place, such part (as the liver) fills up the vacancy, and, as it were, supplies the place of that portion of the stomach which is removed by ulceration. The various forms of the disease above mentioned are illustrated by a selection of interesting cases.

Diagnosis and Treatment.

The diagnosis is very unsatisfactory; and we cannot say that much additional light has been thrown upon it by the author before us. The disease may be suspected when there is pain in the stomach recurring at every meal; especially if this be referred to one particular spot; when every thing received into the stomach becomes intensely acid—even animal food, or a glass of water; and when the pain, &c. continue till relieved by vomiting. Neither must we be deceived by the patient enjoying intervals of good health, nor by improvement taking place under strict regimen,

for both of these circumstances, in the experience of our author, have occurred, while the disease was making progress towards its fatal termination. Where we are able to detect the disease early, repeated topical bleeding must be used, followed by blisters, or other counter-irritants. Food is to be taken in very small quantities, and to be of the mildest possible kind. Distention of the stomach is to be avoided, and bodily exertion shunned: the bowels are to be kept regular: and probably little more can at this stage be done by internal remedies. When there is reason to suspect that the disease has passed into ulceration, the same observations will apply in regard to external applications and regimen. Benefit may be obtained by internal remedies, such as the oxide of bismuth, lime-water, and nitric acid; and, in some cases, small quantities of mercury are useful. Small opiates appear frequently to be beneficial, —likewise articles of an astringent nature, such as kino, alum, and the rhatany root. The arsenical solution has also been recommended, and small doses of the nitrate of silver; and in several instances in which Dr. A. suspected this disease to be going on, he has found remarkable benefit from the sulphate of iron.

In every form and stage of the affection, the utmost attention to diet, both as to quality and quantity, is indispensable. The farinaceous articles and milk are those which seem in general to agree best; and some cases have been found to make most satisfactory recoveries under the use of a diet restricted entirely to small quantities of milk or soft fresh-made curd.

An inflammatory affection of the mucous membrane of the stomach is frequently met with in conjunction with a similar condition of the whole course of the mucous membrane from the pharynx downwards. The author thinks it sometimes occurs as an idiopathic disease, but he has generally observed it taking place at an advanced period of other diseases. There is rawness and tenderness of the mouth and throat; often with a glazed appearance of the tongue, and a deep redness of the pharynx, interspersed with apthous crusts. There is generally tenderness on pressure in the epigastric region, with uneasiness in swallowing along the course of the œsophagus, and great uneasiness

in the stomach, excited by the mildest articles of food. In some cases these speedily pass off by a rapid diarrhœa: in other cases vomiting takes place; and in others both vomiting and diarrhœa. The remedy which Dr. A. has generally found most useful is lime-water, or equal parts of it and a strong decoction of quassia. Small opiates are required, with very mild articles of food; and, when there is much sinking, wine or brandy, mixed with arrow-root.

The author next alludes to a peculiar affection of the mucous membrane of the throat, which was epidemic at Edinburgh in 1826, and was then described by Dr. Hamilton, jun. It consists of a deep redness of the fauces, without swelling or ulceration, but with apthous crusts of a white colour. The disease sometimes extends into the œsophagus, sometimes into the air-passages; in which latter case it assumes some of the characters of croup, and is frequently fatal. In speaking of the singular affection of the stomach, described by Hunter, and subsequently by many others, in which the organ is perforated by large irregular openings, our author expresses his opinion that the phenomenon depends on changes occurring after death, and therefore as entirely different from the ulcerations which result from chronic inflammation. Nearly the same remarks are applied to the ramollissement of the stomach, described by M. Louis and others.

Organic Diseases of the Stomach.

Under this title are described induration and thickening of the coats of the stomach, diseases of the pylorus, and diseases of the cardia. The symptoms vary considerably, and no general conclusions can be drawn, the account being unsatisfactory; by which we by no means intend any censure of the manner in which the subject is treated by Dr. Abercrombie, but merely that it is still involved in obscurity.

Pathology of Dyspepsia.

Having enumerated the circumstances necessary to healthy digestion, which consist in the integrity of the chylopoietic organs as to structure and function, our author proceeds to state some of the probable causes of dyspepsia, understanding by the term merely functional derangement.

“ 1. We have reason to believe that the muscular action of the stomach may be deficient, so that the alimentary matters remain in it too long, are imperfectly changed, and pass into chemical decompositions.

“ 2. There may be a deficiency of the intestinal action, interfering with the second stage of digestion, and giving rise to imperfect chylification.

“ 3. The fluids may be deficient in quantity, or morbid in quality, so as to derange the process in various ways. We see in certain cases a fluid brought up in large quantities, in a morbidly tenacious state, quite different from the healthy appearance of the fluids of the stomach; and we have reason to believe that similar changes may take place in the other fluids concerned in digestion.

“ If the mucous membrane be morbidly irritable, the muscular coat will probably be too easily excited to action. If this occur in the stomach, the articles will not be allowed to remain a sufficient time for digestion; but after producing uneasiness, they will either be rejected by vomiting, or propelled in a half-digested state into the intestine. If the irritability occur in the intestine, the articles may undergo their proper change in the stomach, but will be propelled too rapidly through the intestinal canal, without time being afforded for the complete process of healthy chylification.”

The following rules, although containing nothing of absolute novelty, are very important:—

“ I. It appears that the muscular action of the stomach is both more vigorous and more extensive when its contents are in small quantity than when it is much distended; and if we suppose the fluids of the stomach to be secreted in nearly a uniform quantity, their action must also be greatly regulated by the quantity of matter which they have to act upon; hence the indispensable importance in dyspeptic cases of restricting the food to a such a quantity as the stomach shall be found capable of digesting in a healthy manner. This is unquestionably the first and great principle in the treatment of indigestion; and without invariable attention to it, no other means will be of the smallest avail.

“ II. It appears that various articles of food are of various degrees of solubility in the stomach. When, therefore, digestion

is apt to be easily impaired, it will be of the greatest importance not only to avoid articles which are of difficult solution, but also to avoid mixing various articles which are of different degrees of solubility. Attention to this rule will probably favour in a great measure the process of chymification going on in a regular and healthy manner, by avoiding a state in which the solution of one article may be more advanced than that of another. The articles of most easy solution appear to be solid animal food, and white fish, both plainly dressed; vegetables are less soluble; and among the articles of more difficult solution appear to be fatty substances, tendinous and cartilaginous parts, concrete albumen, the epidermis of fruits, and, according to some, mucilaginous and sweet vegetables. From some experiments of Sir Astley Cooper, it is supposed that the solubility of animal food is in the order of pork, mutton, veal, beef. Articles in small pieces are much more speedily dissolved than in larger, the action being found to begin at the circumference of the portion; and hence the importance of careful mastication.

“ III. If digestion go on more slowly and more imperfectly than in the healthy state, another important rule will be, not to take in additional food until full time has been given for the solution of the former. If the healthy period be four or five hours, the dyspeptic should probably allow six or seven. The injudicious infringement of this rule by a breakfast, a meat lunch, and a dinner, all within the space of seven or eight hours, is too obvious to require a single observation.”

Dr. Abercrombie attaches more importance to the quantity than the quality of the food: he is even “ disposed to say that the dyspeptic might be almost independent of any attention to the quality of his diet, if he rigidly observed the necessary restrictions in regard to quantity.” In regulating the bowels the best method is to give daily very small doses of laxatives combined with tonics, so as not to purge, but to imitate the natural evacuations; for this purpose columba with carbonate of potass and a little rhubarb; sulphate of iron, with aloes; sulphate of quina, or oxide of bismuth, with aloes or rhubarb, are suggested; lime water and the acids, particularly the nitric, are recommended: the indiscriminate use

of mercury, now so much practised, is strongly condemned.

Some of the most severe and unmanageable symptoms are then successively passed in review. Gastrodynia is frequently relieved by sulphate of iron, a little aloes, and aromatic powder; at other times exciting a brisk action of the bowels by means of a strong injection, answers well; and when this is the case, it is probable that the colon may be the true seat of uneasiness. Chronic vomiting, without suspicion of organic disease, is best counteracted by the subnitrate of bismuth, at others by lime water; and our author has known some very protracted cases "yield to a strong tincture of garlic, and others, to small doses of calomel." Counter-irritants are likewise of use in such cases. Obstinate pyrosis is very difficult to manage. Lime water, bismuth, stimulants (as garlic and benzoin), acids, particularly nitric, are all enumerated. Nothing can more clearly shew how entirely empirical our practice is in such cases. Hæmatemesis may be fatal without organic disease. The acetate of lead is particularly mentioned among the remedies, and then follow acids, bismuth, muriated tincture of iron, alum, and kino. Sympathetic affections of the heart occurring in dyspepsia are described and illustrated by appropriate, and some of them very interesting cases. Among the rest is one in which violent and frequent fits of palpitation of two years standing were cured by the vinum colchici, in small doses: purging was produced by it.

An Appendix is added, in which the pathology of some of the parts, most closely allied to the stomach, is considered. The first illustration is the case of a lady, who for thirty years had been affected with periodical vomiting: at length she died of diarrhœa, when the only morbid appearance found was a tumor, the size of a hazel nut, in contact with the outside of the stomach, near the pylorus.—Some observations are made on dysphagia, but there is little added to what was already known upon this part of the subject. Some details on diseases of the duodenum, rendered imperfect by the obscurity of the subject, conclude the first part of the volume, and with it we shall close the present article.

[To be continued.]

MEDICAL GAZETTE.

Saturday, November 22, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ROYAL INFIRMARY OF GLASGOW.

ONE of the objects of this Journal has been to protect the characters of our brethren from the obloquy of the *Lancet*: this purpose has been answered to a great extent, so far as regards the profession in London. The certainty of immediate detection, and inevitable consequences of falsehoods, again and again exposed, have at length inspired a degree of caution from prudence—that was never to be hoped for from principle. Robbed of so prolific a source of slander, and fearful lest his lucubrations should lose their zest, and pall upon the appetite, if not rendered piquant by some mixture of the accustomed stimulus, our worthy contemporary has of late favoured his readers with some of those diatribes of abuse against provincial surgeons, which at first were confined to those of the metropolis.

Among these, not the least remarkable for disregard of truth, and extravagant abusiveness of language, are a series of articles against the surgeons of the Royal Infirmary of Glasgow. That the Editor of the *Lancet* should have known any thing of these gentlemen, except their names, is not very likely; and to those who have yet to learn the extent to which some natures love calumny, for its own sake, the revilings which have been heaped upon them must be matter of astonishment. How far the accusations brought against these gentlemen of "murder and of blood" are entitled to credit, and how far the *Lancet* is really informed of what is

passing in Glasgow, we shall presently shew.

Were these merely common mis-statements, not involving the character of any individual but their author, we should not for a moment think of exposing them; but they present a melancholy and alarming picture of the effect which the writings of a reckless demagogue may produce on the minds of young and inexperienced men. The *Lancet* has avowedly, and at all times, addressed itself to pupils; and the great aim and object of the publication has been to set them against their teachers by every weapon which detraction, in all its forms, could supply. The sterling sense of the great majority has enabled them to triumph over the delusions of the hypocrite; but it would appear that a few, though but a very few in Glasgow, have been inoculated with the poison, and emulated their master in the work of defamation. We earnestly entreat the attention of every parent and guardian to what follows; and ask him if, as a conscientious man, he can lay his head upon his pillow in comfort while he contributes but indirectly to the support of a system so abhorrent to all that is praiseworthy in the student, or conducive to respectability and success in the practitioner?

A boy—for he actually is no more—whose intellect seems precocious only in malignity, takes offence at some imaginary slight offered him by the surgeon to whom he is dresser; and instead of crying himself asleep, as youths of his age were wont to do in former times, home he goes, and pens a letter to the *Lancet*; in which, and under the specious semblance of a love for truth, he describes a case, with many details, which are wholly false; representing the surgeons under whom he is studying as betraying the grossest ignorance, and mistaking diseases, which he himself, modest youth! perfectly understands.

What does the Editor of the *Lancet*

do on receiving this gross attack upon a body of surgeons of the highest respectability in their profession, and of unblemished reputation as men? Does he inquire into the accuracy of the alleged facts?—No. Or into the character of him by whom they are communicated?—No. The article is abusive, and that is enough: he forthwith gives it to the public. The calumny is read by those acquainted with the facts with astonishment; and three gentlemen thinking, in their simplicity, that there must be some mistake, send a contradiction to the *Lancet*, bearing their signatures. Does the Editor give instant insertion to this refutation? Does he express regret for the injury he has done?—No. The calumny is allowed to circulate unanswered wherever the baneful influence of the *Lancet* extends, till it has produced uncontrolled its full effect; and then, at the distance of six weeks, and when it had been sent to this Journal, tardy and reluctant justice is done to the injured party, by its insertion—if the sacred name of justice can be applied to conduct so ungenerous and dishonest.

Encouraged by this example, another pupil, also a dresser, who had been found fault with by one of the surgeons, straightway indulges his revenge, and another falsified case circulates in the pages of the *Lancet*. Lest the indignation which we express at these transactions should appear unnecessarily strong, we shall here transcribe a passage from the last libel of this hopeful young gentleman.

“On being told this terrible tale, it is scarcely necessary to add that I was in no trifling degree entertained to find, that this vile and most unpardonable of blunders, which I had quietly amused myself by *supposing* to be made, (alike in any place, and by any person), had actually been committed in the Royal Infirmary of Glasgow, to the lasting disgrace and infamy of its hospital sur-

gery. And now that we are discussing the merits of hospital surgery in general, I could (were it not for raking up the ashes of the dead, and causing the wounded feelings of the living to bleed anew,) tell you of fearful and of fatal hæmorrhages, of badly performed and destructive operations, of the grossest of blunders, and of consequent deaths; *I could, in short, reveal to you such tales of horror, and of murder, and of blood, as should convince both you and your readers, that, however, many may fall a prey to the rashness of suicide, or the blood-thirstiness of the assassin, they are but few when compared with the number of those who yearly fall victims to the ignorance, and the carelessness, and the butchery, of hospital surgeons*.*"

The measureless absurdity of this passage does not conceal the spirit of slander which breathes in every line. In truth, a grosser libel never was penned; and if the surgeons of Glasgow have a due regard to their own characters, and the interests of their school, they will take immediate steps to check an abuse, which, if allowed to continue, will scarcely be looked upon by parents as an inducement to send their sons to Glasgow for their medical education.

But we return to the *Lancet*: the success of these two writers in procuring the publication of their calumnies, suggested to some witty rogue the idea of hoaxing the *Lancet*, and making it the vehicle of abuse against its own supporters. A poor boy is represented by a third correspondent as having been dreadfully mismanaged, and his life sacrificed to the ignorance of the surgeons. The details are minute, and the very words of the parties given with inverted commas.

"*The collective wisdom* was forthwith summoned; long they sat in great debate, and whether the fear of the *Lancet*, and the recollection of a pretty

hernia job you lately exposed, swayed their enlarged intellects, we know not, for none, save the "half score clerks," are admitted to the conclave; sure it is, however, we were told by a certain newly made, and operation-loving M.D. whose case it was, that "it was probably a *hydrocele of the cord*;" and that "a delay was thought expedient!" The poor boy, however, did not profit by the delay, for he died next forenoon. On examination to-day it turned out that about two inches of the gut was strangulated; inflammation had spread considerably up the intestine, gangrene had commenced, and there was general peritoneal inflammation*."

The Editor is delighted: he sees in prospect fresh characters to be sacrificed, and gloats over the yet unwounded victims of a new calumniator. What will our readers think when we tell them *that the whole is a fabrication, and that no such case ever occurred?* The former were only mixed with lies, but this is not mixed—it is one solid lie throughout! No such patient has been admitted into the hospital; no such person as he who signs the letter has been heard of. And to add to the confusion and absurdity of the *Lancet*, the dresser alluded to as one "whose negligent discharge of his duty is the subject of perpetual disgust to the pupils," and "the rotundity of whose figure, and the obscenity of his speech," mark him from all the rest, is no other than the correspondent of the *Lancet*, who furnished the former articles!!! This is a severe, but, we trust, will be a useful lesson to Wakley. If the paper sent to him had been any common case we should not have blamed him, for any one might be so deceived. But when we consider that the letter so wantonly inserted was a libel of the grossest nature against men who never injured him, save only by disapproving of his principles, we want

* *Lancet*, November 15th.

* *Lancet*, November 8th.

words to express our detestation of such editorial depravity. Yet we cannot but smile at the hoax; and we learn that it has excited much merriment in Glasgow. "Those who read it once," says our correspondent, "read it again, and are as much at a loss as before: nothing, for a long time, has given so much amusement here." It is certainly well conceived and cleverly executed, particularly his compliment to Mr. Carter for his "noble example of boldness in giving his name," and his saying that the *Lancet* is "a terror to those who do evil, and a praise to those who do well." The poor Editor was completely taken in: he swallowed the bait, and the hook along with it.

Bad as the *Lancet* is, we had no idea that it had come to such a pass as to publish libels without even knowing the libeller. Does he not remember the fable of the boy and the wolf? Does he not know that he who tells lies only occasionally, is apt to be doubted even when he speaks the truth; but that he who is constantly detected in falsehood, is never credited at all? Does he not know that there is a certain degree of abuse, beyond which even the lowest will not relish him? Is he not aware that the cry of *public motives* is stale; and that what in the days of its novelty was mistaken for wit, is now, with the change of the "*Times*," looked upon as "ribaldry?" To conclude in the elegant and forcible language applied by Sir Walter Scott to Aristophanes for his envenomed assaults upon Socrates and Euripides, "when the style of his sarcasm possessed the rareness of novelty, it was considered of so much importance to the state that a crown of olive was voted to the poet as one who had taught Athens the defects of her public men. But unless angels were to write satires, ridicule cannot be considered as the test of truth. As the public becomes used to this new and

piquant fare, fresh characters must be sacrificed for its gratification. Recrimination adds commonly to the contest; and those who were at first ridiculed out of mere wantonness, are soon persecuted for resenting the ill-usage, until literature resembles an actual personal conflict, where the victory is borne away by the strongest and most savage; who deals the most desperate wounds with the least sympathy for the feelings of his adversary."

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Case of Stricture of the Urethra, with the Operation of dividing the Stricture.

THEOPHILUS HUGHES, æt. 52, was admitted under Mr. Bell's care. He has had difficulty of making water for the last 14 years, and this has increased greatly within the last three years. He has applied for advice only once, and that more than a year ago. At present he has frequent calls to pass his urine, and effects this with great difficulty. During each attempt, he stoops down and draws upon the penis; yet he brings away the urine only by drops. There is a copious secretion of ropy mucus, which threatens total obstruction.

On examination a stricture was found in the urethra, at the furthest point backwards that stricture ever takes place, and there was considerable hardness in the posterior part of the perineum. Mr. Bell attempted, during three different visits, to introduce the point of a bougie into the orifice of the stricture, but he could not make the slightest lodgment in it. These repeated failures, and the continued suffering of the patient, induced him to propose the operation (explained in his *Treatise on the Diseases of the Urethra*) of dividing the stricture, so as at once to relieve the bladder and remove the cause of the patient's sufferings.

Operation, 18th August.—The patient was placed as for lithotomy. The

catheter employed was of the size No. 12; at its extremity, and on its convex side, there was a slit, which was about an inch in length, and large enough to admit the end of a very fine probe: this slit terminated in a circular hole at the point of the instrument. The intention of the operator was, that, when the urethra was cut into, a probe should be introduced into the catheter by the slit, and then pushed through this hole at the end of the instrument against the stricture. By this means, the part of the canal which remained open might be found, and the probe passed into the stricture before dividing it with the knife: and Mr. Bell remarked that when this can be done the operation is easy and effectual. The catheter was introduced into the urethra, and kept steadily pressed against the stricture by an assistant. An incision was made through the integuments of the perineum, directly in the line of the raphe, and, by dissecting in the same line, the point of the knife was inserted into the slit of the catheter. The probe was now introduced, and pushed down to the stricture, and various attempts made to pass it, but without success. The *fistula lacrymalis* probe, and fine elastic gum catheters, were tried, but without finding the passage. It was necessary to take the scalpel and slit down the urethra the remaining quarter of an inch, and through the callous part, against which the point of the catheter rested. A narrow directory was then introduced through the stricture into the bladder. It was now attempted to pass a full-sized elastic gum catheter along the directory into the bladder: but before this could be done, it was necessary to insert the probe-pointed bistoury along the director, and to notch the callous aperture at different sides; after which the elastic catheter was introduced home into the bladder. About a pint and a half of urine flowed. The silver catheter was withdrawn from the urethra; that which was inserted by the wound cut short, and its end secured by the T bandage. The patient was then put to bed. In the evening he expressed himself greatly relieved. It is needless for us to give the daily reports of this case, as they describe his uniform improvement very much in the same terms.

On the third day after the operation, a silver catheter was introduced along

the penis into the bladder. This was ordered to be done by the house-surgeon: he first inserted a directory along the side of the catheter which was in the wound, and withdrew the latter; he then slid the catheter which was introduced by the orifice of the urethra along this directory, and thus he guided it easily into the bladder. At the end of twenty-four hours it was found that a little urine came through the urethra along the side of the catheter, and also a little by the wound. The silver catheter was therefore withdrawn, and a gum elastic one, of a larger size, was introduced. Care was taken to inject tepid water through the catheter, in order to keep its passage free. No urine was observed to flow by the wound after this. A fresh catheter was substituted for that which had been constantly worn, about every ten days. The wound progressively healed by granulation from the bottom, and the discharge was throughout of a healthy kind. On the 16th September, as the perineum appeared perfectly sound, the catheter was withdrawn from the urethra, and the patient made water with perfect ease without it. After this, a metallic bougie was ordered to be passed three times a week. Before being dismissed he was furnished with one of the full size, and, after being taught how to use it, he was enjoined to pass it through the old place of stricture twice a week—then once a week, and so gradually to leave it off. He has occasionally called at the hospital for some laxative medicine, and describes himself (Nov. 14th) as making water perfectly well.

Case of Retention of Urine—Calculus in the Urethra.

Charles Hawkins, æt. 55, was admitted under Mr. Bell's care, October 21st, with total obstruction of urine. On the night of the 17th he had come to the hospital, suffering from retention, and he was relieved by leeches and fomentations to the perineum, the warm-bath, castor-oil, and laudanum. Next morning he was made an out-patient, but before he left the hospital the house-surgeon took a cast of his stricture with a soft wax bougie; and the impression led him to think that it was a very narrow one. He says that he has scarcely made any water for the last twenty hours. He confesses that he has been

using some very fine instruments, like the catheter wires, to pass the stricture.

An ounce of castor-oil was given, with a drachm of laudanum; twenty leeches were applied to the perineum. He then had fomentations; and afterwards he was put into the warm-bath. After these remedies, the urine dribbled away: a small quantity flowed in a stream during the operation of a clyster that was thrown up. In the evening the surgeon visited him. He found the patient in a state of great irritation, but there was no distention of his bladder. A repetition of leeches, opiates, and fomentations, was ordered.

22d.—This morning there is a tumor within the scrotum around the urethra, at the part, as it appears, where the stricture is situated. On attempting to introduce a bougie, the urethra was found rough, as if it had been torn. An elastic gum bougie, of the smallest size, was with some difficulty got into the bladder. The patient expressed himself highly delighted, and said, when the desire to make water came on, he had only to withdraw the instrument, and the urine would follow. After the bougie had been in his bladder for half an hour, it was withdrawn, but he made only a few drops of water. The case now being alarming, the patient was carried into the operating theatre, for the purpose of cutting down upon the urethra at the seat of the stricture: but before this was done, the smallest sized catheter was attempted to be introduced. It was passed through the stricture, and, although it was only carried about four inches into the urethra, the urine (which was white with pus) spouted from the top of it. Being carried home into the bladder, Mr. Bell made an incision into the back part of the scrotum, laying open the swelling which was round the urethra. Two hours after this, the dresser visiting him found that he had himself withdrawn the instrument, and discharged naturally about ℥vi . of urine. He expressed himself much relieved and soothed by what had been done. He must have introduced the catheter himself again, because it was found in the bladder when the house-surgeon saw him at night. He was then in a low half delirious state, unable to give any clear account of himself.

23d.—This morning he is much worse. The scrotum and penis are

much swollen; the haggard appearance of his countenance, his cold extremities, and the weakness of his pulse, indicate that nothing can save him. Warm bottles were put to his feet and hands, hot fomentations to his belly and perineum, and a tea-spoonful of brandy was ordered to be administered now and then. Three hours after this report he died.

Dissection.—The examination was begun by dissecting the perineum. On cutting through the scrotum it was found distended with fluid, which, near the tract of the urethra, was of a dirty brown colour, but in the cellular membrane of the scrotum itself resembled common anasarca. Around that portion of the urethra which is covered by the scrotum, the cellular texture was soft and sloughy; and, on further examination, the urethra and spongy body were found to be perforated at this part. The opening was so large as to permit a full-sized bougie to pass through it, and the edges were in a ragged sloughy state. The same effusion extended upwards in the cellular membrane around the cords of both testicles: it distended the skin of the penis, producing phimosis; it also spread laterally to both the groins, and filled the loose cellular membrane between the abdominal muscles and the integuments nearly as high as the umbilicus, staining it throughout of a brown colour. It may be remarked that this effusion was traced upwards from the place where the urethra was ruptured; but it did not extend downwards or backwards to the perineum.

On exposing the abdominal cavity, the bladder could be felt greatly thickened in its parietes, and was hard and fleshy, like the heart. It was then removed from the body with a part of the os pubis and the penis. When cut into, its coats were found to be more than half an inch in thickness, and its inner surface resembled much that of the inside of one of the ventricles of the heart, there being strong fleshy bands interlacing each other like the columnæ carneæ, and forming, like them, a thick net-work. The bladder contained about two ounces of pus, and there were flakes of coagulable lymph adhering to the mucous membrane. The finger could be introduced through the orifice of the bladder into the urethra; and so much was this

canal dilated at its posterior part, that the finger could easily be passed along it for three inches and a half. Here it was stopped by a gritty hard substance, which, when the canal was slit open, was found to be a calculus lodged in the urethra, and completely obstructing the passage. It was of an elongated oval shape, and about an inch in length. The anterior part was situated an inch behind the perforation in the urethra that has been described. The canal between these two parts admitted a bougie nearly of the full size. There was considerable condensation of the parts around where this calculus was situated. The ducts of the prostate were greatly enlarged; the right lateral lobe was full of pus, its walls only remaining; in the other there was a small abscess formed near its centre. The viscera of the abdomen were in a healthy state; the kidneys were not affected. The contents of the thorax were free from disease. In the brain there was considerable effusion of serum between the dura mater and tunica arachnoidea, and also in the ventricles.

Case of Fistula in Perineo.

Robert Howard, æt. 43, a groom, was admitted, Oct. 16th, under Mr. Bell's care, having an abscess in the perineum, which burst as he was coming to the hospital. He stated, that four days ago he experienced a hardening, where the abscess now is, which was attended with pain and throbbing. He attributed the commencement of this abscess to an injury received in riding. Upon further inquiry, it was found that he had an abscess in the same place formerly, which became an urinary fistula. He went into an hospital, where the abscess was healed. A silver catheter was introduced into the urethra, subsequently, every alternate day, until within three or four days before the present abscess began to form. During the two last times there was considerable difficulty in introducing the instrument, and some bleeding from the urethra after it was withdrawn. He said that he had been intoxicated the night previous to the difficulty of passing the instrument; after this he experienced much pain in making water, and had several rigors. He continued his occupation of exercising his master's horses till within three days of his admission.

The abscess was poulticed, and it dis-

charged healthy pus. He passed his water without difficulty. On the 24th the abscess was entirely healed; but he pointed out a hardness in another part of the perineum, which proved to be another one forming. This was opened on the 26th; and on the following day urine was observed to flow through it. The urethra was examined, and a stricture was found situated near the bulb. On Nov. 1st the use of the bougie was commenced, beginning with No. 7, and gradually increasing the size. On Nov. 5th the abscess in perineo was healed; on the 14th he was made an out-patient.

Mr. Bell observed to the pupils, that if this case were neglected, the parts would assume the appearances presented in the patient who lay in the bed opposite him. From successive inflammations, followed by abscesses, and consequent thickening of the perineum, the stricture in the urethra had become, in that patient, irregular and narrow, so that no instrument can be passed into the bladder.

On the 13th the operation for fistula in perineo was performed by Mr. Mayo on the patient here alluded to. On the same evening Mr. Bell made several observations, in his clinical lecture, upon all these cases; and which we intend to present to our readers in our next number.

ST. BARTHOLOMEW'S HOSPITAL.

Inflammation of the Median Basilic Vein of the Right Arm after Venesection.—Death.

ANN TILLING, æt. 23, an unhealthy looking girl, having had a varicose ulcer of the right leg for some time, it became inflamed; leeches were applied, which reduced the inflammation, and she was admitted, on the 31st of October, into Faith's ward, under the care of Mr. Lawrence. Her leg was then painful and irritable, and she was ordered to be bled to ten ounces, and to have a bread and water poultice applied to the leg; to take a compound senna draught, and three grains of blue pill every night. On the 2d her mouth was slightly sore from the blue pill, having taken, before her admission, some calomel and jalap. Ordered to leave off the mercury, and use a common gargle. On the 3d she complained a very little of her arm paining her where she was bled. It looked slightly inflamed around

the puncture. She was out of health and rather feverish; tongue furred. Ordered an effervescing draught, with a drachm of sulphate of magnesia, and half a drachm of vin. ant. every six hours. To be bled to 16 ounces, and apply a large poultice to the arm.

On the 4th the arm was more inflamed, but not so much in the neighbourhood of the wound as round the back of the arm, where 20 leeches were ordered to be applied.

5th.—She was much the same. Ordered to go on with the saline medicine.

6th.—Much altered for the worse. She was more confused; the pulse was very irritable, and the arm inflamed in the course of the vein above and below the puncture. Tongue thickly coated with a brown fur.

Ordered Hyd. Sub. gr. iij. Pulv. Jalapæ, gr. x statim. Hyd. c. Creta, gr. v. 6tis horis. Haust. Salin. To have the head shaved, and a cold lotion applied over the scalp.

7th.—She was much worse, had frequent attacks of rigors, and was in a very low and irritable state. Arm still much inflamed. Ordered 15 leeches to be applied around the arm. On this evening she was so low as to require wine.

Ordered Pulv. Ipecac. Co. gr. v. T. Opii, gtt. iv. 4tis horis. To omit the Hyd. c. Cretâ.

8th —Bowels were opened this morning with a common enema, and T. Opii, gtt. x. were ordered.

She seemed to have all the symptoms of typhus. Pulse 120, very small and irritable; tongue dry and brown; intellect confused.

Ordered Brandy, ℥ss. occasionally.

10th.—Ten more leeches were applied to the arm to-day, and she was ordered to take

Quininæ Sulph. gr. ij. Acid. Sulph. dil, m.j. in aqua Piment, 4tis horis. Raw meat.

She died on the 14th; but little alteration took place in the symptoms. She had no return of the rigors towards the last three or four days. The head became more bewildered, and the tongue more parched.

Post-mortem Examination. — There was an ill-conditioned ulcer of the right leg. The vena saphena of that leg was quite healthy, as also was one of the

branches leading to and terminating in the ulcer.

On examining the right arm, from the puncture whence the inflammation spread, there was an obliteration of the basilic vein, up to about the middle of the arm. In the course of this obliteration three spots of mortification were seen, through which the contents of the vein seemed to have escaped; and it was observed that the lining membrane was not destroyed to the same extent on the inner as it was on the outer portion of the vein, although it was destroyed about those parts which had the appearance of mortification; for you could see the contents of the vein oozing through them, yet it was difficult to pass a bristle through either of them, in consequence of the smallness of the aperture.

Below the situation of the infra scapular vein, the vessels on the internal surface were most minutely injected, presenting the appearance of an inflamed membrane, and there was a plug of lymph or coagulum, which did not completely fill up that vessel. In the situation of the opening of one of the venæ comites there was a firm plug, which entirely filled up the caliber of the vein. The subclavian veins were healthy, save a slight appearance of inflammation beyond the situation of the entrance of one of the venæ comites. The internal cutaneous nerve was surrounded by the fluid, which had the appearance of pus mixed with blood; and which fluid escaped from the apertures in the obliterated vein. It was very readily torn, as if putrid from long maceration.

The median nerve also presented a reddish appearance, and long and tortuous vessels were seen ramifying over its anterior surface.

GUY'S HOSPITAL.

Inflammation, with thickening of an old Hernial Sac, producing symptoms of Strangulation.—Operation.

ROBERT MESSENGER, a sailor, aged 60, was admitted to Job's Ward, on Sunday, Nov. 9th, at 3 P.M. under the care of Mr. Key. He states that ever since 1814 he has been subject to the occasional descent of a small rupture, which hitherto has been easily returned, leaving, however, a very small tumor in the right groin. He has worn a truss.

On Friday afternoon (48 hours ago), he accidentally struck his abdomen against a post; the hernia, as he states, immediately descended, could not be returned, and was followed by pain and tenderness, extending from the tumor over the abdomen generally: these symptoms have been increasing, and this morning he was seized with nausea and vomiting. No medical assistance has been obtained. On admission the following appearances were observed: In the right inguinal region a tumor, about the size of an egg, tense, resisting, circumscribed, and, excepting that it was unusually hard, having exactly the character of enterocele: it was very tender on pressure, as also was the whole abdomen. General condition, that of collapse; pulse quick, small, and weak; breathing, anxious; hands, feet, nose, and ears, cold; countenance, voice, and whole aspect, expressive of distress and anxiety. After a brief attempt at reduction by Mr. Key, he was ordered the warm bath, in which the taxis was used by the dresser, without success, on his removal from the warm bath; and during the faintness produced by bleeding to sixteen ounces, Mr. Key again applied the taxis, but no impression could be made upon the tumour. Reduction appearing now to be impossible, and the symptoms being very urgent, Mr. Key at once proposed the operation, to which the patient immediately consented: accordingly at five o'clock he was carried into the theatre.

The Operation was commenced as usual: the integuments, fascia superficialis, and cremaster, presented themselves in due order, and were carefully divided; but after this, anatomy was at fault: instead of a peritoneal sac containing intestine, nothing was found but layer after layer of thick membranous matter, apparently cellular tissue, condensed and thickened by fibrinous effusion. The parts indeed were so much altered, that it was impossible to say which of these layers was originally the sac, and which were adventitious deposits: five or six such layers being divided, the centre of the tumor appeared softer and apparently more recent: its texture was softened into a dubious kind of matter, not well marked lymph, nor yet distinct pus; there was, however, no trace either of intestine or omentum. The neck of the sac was closed by adhesive matter, and Mr. Key judging it imprudent to break it down,

did not push his finger far towards the abdomen. The wound being lightly closed, the patient was put to bed in a state of considerable exhaustion, and ordered to take

Hydrarg. submur. grs. v. opii gr. i. statim;

And the nurse was directed to administer an enema of senna and salts in an hour and half. Soon after taking the calomel and opium, he vomited matter of a yellowish brown colour, but free from any faecal odour; and as he slept almost immediately, the enema was not administered.

9 P.M. still asleep. Mr. Key ordered a repetition of the calomel and opium, to be followed by the enema in an hour; the wound to be poulticed, if painful, and house medicine to be given in the morning, if the bowels are not open.

Nov. 10, 9 A.M. Has had a tolerable night; the vomiting did not return; bowels not open. An enema of castor oil ordered by Mr. Callaway.

1 P.M. No action of the bowels: the enemata did not return; pain and tenderness much diminished; countenance more placid; pulse 100, with more power: abdomen, though less tender, is considerably distended. He expresses himself as "fifty to one better than yesterday."

Rx magnes. sulph. \mathfrak{z} ii. ex aqua menthae, 4tis horis, Hirud. xxv. abdomini.

Nov. 11. He had a motion early last night, which has been followed by several others of natural appearance: abdomen much distended; pulse 96, with some sharpness. This morning he had nausea, followed by slight vomiting.

Nov. 12. A dozing night, without sound sleep. Bowels open twice; abdomen very full and tense; tenderness nearly gone.

Rx Opii, gr. j. hydrarg. submur. gr. iss. stat. et repet. hora somni.

15. Going on well. Bowels regularly open; free from sickness; the distension of abdomen begins to lessen.

17. Yesterday evening matter escaped from the wound, which the sister describes as decidedly faecal; and on Mr. Key's visit to-day, a semi-fluid discharge was pressed out, which he pronounced to be from the intestine, and which certainly had that appearance, but its odour was not very decided: it was accompanied by a few gaseous bubbles. Pulse 96; abdomen soft, of natural fulness, and free from tenderness.

18. The discharge from the wound is more decidedly fæcal; it escapes from the middle and deepest point, and just above it there is an oozing of healthy pus. The patient's general condition is unchanged; his bowels, pulse, skin, &c. are nearly natural, and he complains of no pain. The wound has healthy granulations.

Rx Infusum Calumbæ, ʒj. ter die. Some porter.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 15th, 1828.

J. M. ARNOTT, ESQ. IN THE CHAIR.

Apoplexy.

AFTER the usual minutes had been read, the President announced from the chair that Dr. Somerville was unfortunately prevented, by severe indisposition, from bringing before the Society the subject of apoplexy. Dr. Copland, however, had kindly consented in the committee to supply Dr. Somerville's place, and accordingly opened the discussion by several remarks on the different varieties of the disease, its pathology, and treatment. With regard to the first, Dr. Copland followed the arrangement of Dr. Abercrombie, and divided apoplexia into three different forms. The first is that where the seizure is sudden; the second is preceded by premonitory symptoms, as loss of speech, and so forth; the third consists principally of paralytic seizure, the patient being afterwards carried off by complete apoplectic attack. To these Dr. Copland would add a fourth; viz. when apoplectic and paralytic symptoms are coeval. The doctor's methodus medendi is blood-letting, general and local, freely employed in the two first varieties. Even in patients of pallid aspect, Dr. C. would not fling the lancet over-board, but employ it with caution, conjoined with other means, as energetic purging. After certain depletion, Dr. Copland is favourable to calomel, with active enemata of castor oil and turpentine; and uses, as a purge, the croton oil. Excepting in the apoplexy occurring after a full meal has been taken, Dr. Copland discountenances emetics.

The debate which ensued turned, with one exception, on practical points. This exception occurred in the "speech" of a young gentleman, who began the most obscure and irrelevant oration, chiefly in illustration of the circulation of the blood; and persisted, in despite of many of

"Those signs of fear,
Displeasing to a speaker's ear,"

until the society was quite in an uproar, and

the president threatened to leave the chair! Order being at length restored, an excellent discussion took place.

The point which was mooted most was bleeding. Dr. Webster employs, if the pulse will admit it, a liberal bleeding at first, but seldom repeats it. Leeches and mercury, in innunction, he thinks excellent adjuncts to, or substitutes for bleeding. Dr. Webster would exhibit an emetic only in apoplexy after a meal.

Dr. Johnson, after remarking how difficult, nay, how impossible it was to distinguish the cases of apoplexy depending on ramollissement, or loss of power in the brain, from those of congestion, extravasation, &c. observed, that he should take away blood in the first instance. If one or two good bleedings, however, produce no relief, we should pause before we repeat the operation. In fact, Dr. Johnson believes that a great deal of mischief is daily done by bleeding, or, rather, over-bleeding.

Mr. North pointed out how difficult it was to determine the value of bleeding in a case like the present. Mr. North doubts much the propriety of large blood letting in every case; indeed Mr. North believes that apoplexy is as much a disease of debility and rapid collapse, as of cerebral pressure demanding abundant abstraction of blood. Mr. North was once summoned to a case of the disease, the subject of which had previously suffered from several attacks, and from each he had recovered by bleeding. Mr. N. being unable to go himself, sent a young man, who failed from unskilfulness to get any blood. The patient recovered perfectly well. Mr. North has at times seen decidedly injurious effects from the measure.

In answer to a question as to whether he had ever seen stimuli required, Dr. Copland replied that he had, though considerable caution was required in their use. When action is subdued, and lethargy remains, especially in the old, Dr. Copland believes that stimulants are necessary. In one case of apoplexy, combined with paralysis, one to three grains of camphor, with spiritus ammoniæ aromaticus and spiritus ammoniæ foetidus (five drops of each), in addition to turpentine and castor-oil injections, succeeded in restoring the function of deglutition.

Dr. Johnson directed the attention of the members to simulated apoplexy cases, when the characters of that disease are counterfeited by affections not apoplectic at all. Depletion in these is injurious. Tonics are of use; and yet, though the treatment is thus diametrically opposite, diagnosis, except by the *event*, is akin to impossible. Dr. Johnson detailed two remarkable cases, in one of which the patient was left for dying by two or three eminent physicians, but perfectly recovered shortly afterwards.

Allusion was made to the apoplexy ushering in remittent or typhoid fever. Dr. Negri informed the Society that, in Italy, this variety of the disease is treated by stimulants; the genuine apoplexy by moderate depletion, and tartar emetic given in small doses, so as not to act as an emetic.

The discussion, on the whole, was extremely good, and assumed that practical and useful tone so much to be desired in a Society frequented by the young as well as by the old.

MEDICAL SOCIETY OF LONDON.

Nov. 17, 1828.

Fracture of the Neck of the Femur.

At this meeting Mr. Amesbury related another case of cure of fracture of the neck of the thigh-bone, the subject of which was a female, aged 45. The crepitus, Mr. A. observed, was of that description which occurs where the fracture is near the head of the bone, and from all the circumstances he conceived the fracture to have been within the capsular ligament.

Mr. Salmon and Mr. Callaway, while they gave credit to Mr. Amesbury for his perseverance in this branch of surgery, and the ingenuity of his apparatus, could not find, in the cases he had brought forward, that kind of evidence that could convince them that fractures within the capsule had been cured.

Mr. Lloyd related the particulars of three cases of fracture of the cervix femoris, and adverted to the specimens furnished by Mr. Chorley, of Leeds, Mons. Brulatour, and Mr. Langstaff, as proofs of union of fractures of the cervix femoris within the ligament. Dr. Blicke furnished a case of cure of fracture of the cervix femoris occurring to a lady, 70 years of age. In the treatment of this case and others, he had employed a very simple apparatus, which twenty-one years back he had shewn to the Director-General of the Army Medical Board. Mr. Amesbury admitted the difficulty of deciding, during life, whether the fracture has been within the capsular ligament.

Rupture of the Uterus—Cæsarean Section.

Mr. Lord then related the case of ruptured uterus, to which he had alluded on the preceding evening. The patient was 36 years of age. At the period when the os uteri was fully dilated, the vagina well lubricated, and a portion of the scalp protruding, all uterine action subsided. Three doses of the secale cornutum were administered, but without producing any very marked effect: the parietal bone was felt at the brim of the pelvis. The vectis was used without effect. It was then deemed proper to perforate the head: upon examining, however,

previous to this step, it was found that the head had got beyond the reach of the hand, and it was soon seen that all the evidences of a rupture of the uterus were present. Dr. Hopkins saw the patient at this crisis. Upon examination per vaginam, the uterus was found permanently contracted, and although the laceration of the organ could be discovered, it was not possible to reach the fœtus, which was lying in the cavity of the abdomen. It was then, in consultation, determined that the Cæsarean operation should be performed. An incision, half an inch distant from the linea alba, and extending to seven inches and a half, was made; the extremities and trunk of the child presented, and the head, in a very enlarged state from hydrocephalic effusion, was found to have been the cause of the protraction of the labour. During the operation not more than a teaspoonful of blood was lost; the placenta was easily detached, and the wound closed in the usual way. The patient expressed herself greatly relieved by the operation. Leeches were applied to the abdomen, and mild nourishment given. For a time the patient appeared to rally; she had a quiet night; the pulse, however, was rapid; and the death took place eight hours after the operation.

Dr. Hopkins, who was present as a visitor, retraced the steps of the operation. In reply to Mr. Waller, who had inquired whether in such a case the suggestion of Dr. Blundell, of removing the uterus altogether, might not have been acted upon, Dr. H. observed that the removal of the uterus, not in a morbid state, was not so likely, in his opinion, to be successful as the extirpation of the organ in a state of disease; the effects of which were powerfully affecting the constitution, and producing a state of things not at all analogous to the state of the system when free from organic disease.

An excellent drawing of the fœtus was exhibited to the Society: the dimensions of the head were as follow:—

Circumference from chin to occiput, nineteen inches.

Diameter from chin to occiput, nine and three-quarters inches.

From the upper part of the cartilage of the ear to the anterior fontanelle, eight inches.

The time of the meeting being expended, many important physiological questions, arising from this case, were postponed to another meeting.

We never recollect to have seen a more respectable attendance of the members of this Society; and the proceedings of the evening, as might be expected, were characterized by the usual regularity and decorum.

* * Notices in our next.

W. WILSON, Printer, 57, Skinner-Street, London.

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 52.] SATURDAY, NOVEMBER 29, 1828. [VOL. II.

ESSAYS ON SYPHILIS.

BY JOHN BACOT,

Lately Surgeon to the First Regiment of Guards.

[Concluded from page 778.]

PRIMARY SYMPTOMS OF SYPHILIS,

Continued.

THE elevated ulcer has, as I before observed, four stages; in the first instance it appears as a pustule, which, after the lapse of some days, ends in the formation of a scab, ulceration going on underneath it, and the matter finding at length its exit from the edges of this scab. The form of this ulcer approaches to the circular, especially when upon the outer skin of the penis, or on the scrotum. This scab is usually of a brownish colour; and as it continues to increase becomes more elevated and darker. When this falls off, or is removed, a hollow ulcer is discovered, of a dirty and unhealthy hue; the edges of which are at first raised, but a spongy kind of fungus soon rises above the level of the margin; and hence this sore derives its common appellation, which I do not think by any means an happily chosen one; since, when seated on the inner surface of the prepuce, this characteristic mark exists in a minor degree, and when on the glans, the very reverse of elevation takes place. Mr. Evans observes, that when this sore has attained its greatest size it remains stationary for a certain time, and many other authorities confirm this remark: at all events it is a form of ulceration that is not quickened, in its period of cure, by the abstinence from mercury, which modern authors have recommended, and among the rest Mr. Evans, whose descriptions, however, are admirable. It is chiefly this species of ulceration which gives rise to so many various and discordant opinions respecting chancre; for the characters of the sores I have before described are strongly marked; so, also, is the elevated ulcer on the skin of the penis, or the outer prepuce, when the ulcerative process has

made some progress; but when it is seated within the prepuce, or from thence extends to the glans, discrimination is more difficult. In these latter situations they are more painful; or rather, I should say, more irritable, for pain is hardly the appropriate term. There is one remark made by Mr. Evans, which I must beg to repeat, regarding this sore wherever situated, for it is strictly true. After the ninth day, he observes, they are seldom doubtful; when, by drawing the skin back, and making allowance for the form of the parts, the raised edge and surface cannot escape discovery. It is on the point of treatment that I differ with the gentleman last mentioned, as well as from Mr. Carmichael. I believe that this sore has certain stages to run, as have all ulcers, before they can be healed; but experience teaches me that mercury, administered at proper seasons, under certain restrictions, and with moderation, if it does not facilitate or expedite the cure, *does prevent the secondary consequences*: I speak this with perfect confidence. The modern authors who are hostile to the use of mercury, admit that constitutional affections do follow these sores in a certain proportion of cases; and I as boldly affirm, that mercury, judiciously administered, will prevent this occurrence in by far the majority of instances. Let it be recollected, that of 1400 cases, of all sorts, treated by mercury, it was proved that secondary symptoms only succeeded in 14; and let every military surgeon, who had been accustomed to follow discreetly the mode of cure usually practised twenty years ago, recollect how rare such instances were. I do not mean to assert that you should give mercury in every stage of the disease, or in defiance of constitutional idiosyncrasy, or the palpable evidence of its producing mischief to the general health; but there are rare exceptions to a general rule; and although I should be inclined to await the first nine or ten days, until ulceration had become fairly established, and the red margin with elevation, and the peculiar fungoid

appearance of the sore had amply developed its character, I should then no longer hesitate in prescribing it in the same mild and gentle manner I have before recommended; keeping my patient tranquil; regulating, without too much lowering his diet; and interfering with the sore itself as little as possible. In the early stage it requires only soothing measures; afterwards, the application of the lunar caustic, or the sulphate of copper, to keep down the granulations, is alone sufficient.

I have now attempted a description of all the peculiar forms of ulceration to which the term syphilitic may, in my opinion, be fairly applied; and I now beg to offer a few considerations which the young surgeon should always bear in mind when called to a case of ulceration of the genitals. 1st. He should consider whether the sore is to be classed among those likely to lead to constitutional symptoms. 2d. Whether it is capable of being arranged under either of the distinct heads above described; and, 3d. To which of them it bears the greatest resemblance. 4th. The period of its existence, the previous history, and the *stage* in which it is presented to his view. 5th. The constitution, mode of living, and present state of health, of the patient; and, 6th. Whether mercury has been previously exhibited or not. These inquiries, together with attention to other minute particulars, will enable him to reconcile many contradictions, and to clear up many a doubtful case, since it is obviously impossible to teach the pupil every shade and variation of aspect which ulceration on this or any other part of the body may occasionally assume; and much must always be left in the elucidation of this disease, as well as, indeed, of every other, to the exercise of his own discretion; and the application of those general principles which he has imbibed in the course of his medical education.

I shall now proceed to treat of chancre in the female, of phymosis, and paraphymosis, as occasionally attending syphilitic ulceration, and then take up the subject of bubo.

I have already spoken both of phymosis and paraphymosis as concomitant symptoms of the virulent gonorrhœa; and I now have to say a few words upon these unpleasant appearances when they are met with in conjunction with syphilitic ulceration. Both phymosis and paraphymosis only occur in those persons who have the prepuce very long, so that the glans is always kept covered up; a formation which is congenital, and very troublesome; sometimes, even in infancy; though, I believe, seldom, if ever, requiring an operation for its removal at that period of life. Mr. Hey and M. Roux both observe, that in cancer of the penis, the subjects generally have been found to have a phymosis from the birth; but with this I have nothing to do, and must confine my re-

marks, therefore, to this condition of the parts when ulceration is supposed to exist underneath. This fact may in general be ascertained by feeling externally all round. There will be tenderness, and often hardness, perceptible at the spot where sores exist. The nature of the discharge also will generally guide your judgment in some degree. If the discharge is acrid, ichorous, thin, and profuse, it is most probably produced from a breach of surface. That which is afforded by the external, or spurious form of gonorrhœa, has more the character of pus; and usually a peculiar faint odour arising from the confined secretions of the mucous glands. The appearance of the prepuce and phymosis is thicker, and more tumid than natural; and any attempt to denude the glans is attended with much pain. If the ulceration has been once seen before the phymosis takes place, our treatment of the sore will be more easy; but if not, we must recollect that inflammation is the great universal cause of this appearance; and, therefore, both locally and generally, our object must be to soothe, and not to irritate the parts. I therefore am unfriendly to the administration of mercury in the first instance, or to the injection of any stimulating wash, unless there is good ground for believing that no breach of surface exists; but I would recommend the external application of the saturnine lotion. An injection of the same, frequently, between the prepuce and glans; or, perhaps, the application of leeches, not to the prepuce itself, but to the body of the penis, or the perinæum, or even general bleeding, may be occasionally necessary. The penis, in this condition, must not be permitted to hang down; and the patient should be enjoined absolute rest, and the horizontal posture. If inflammation runs very high I have often found warm applications and poultices more serviceable than cold ones; but the frequent injection of the inner surface of the prepuce, with some mild fluid, must never be omitted. The penis may also be fomented by holding it over the steam of hot vinegar and water.

With regard to the operation proposed for this affection, I am inclined to think it seldom necessary; and I should restrict it to those cases wherein the pain and tumefaction are very great, and the ulcerations within are of that highly inflammatory character leading to the gangrenous sore. Here I think it better at once to relieve the parts by slitting the prepuce open, provided the general treatment proves unavailing in arresting the progress of the disease, than to wait for its destruction by the process of mortification; first, because by a timely operation the loss of parts may be prevented, and the ulcerations can receive then the immediate benefit of whatever local application may be thought necessary for them. The mode of performing this operation is very simple; a

grooved director may be passed along the upper surface of the prepuce, and the part divided from within outwards with a sharp pointed bistoury. But I must again repeat that this operation should not be had recourse to except under the above-named circumstances; for it often has happened, that when adopted in cases of chronic ulcers, the divided edges of the prepuce have put on the same appearance as those ulcers, and the cure, instead of being hastened, has been much delayed. By mild treatment, then, by purging, by rest, by diet, &c. the phymosis will commonly yield in a few days; and when the glans is denuded, your conduct will of course be regulated by the appearance and character of the sore or sores you have to deal with. But let the patient be warned, whilst the prepuce is in this condition, just, perhaps, permitting the glans to be uncovered, with some difficulty, that he does not allow it to remain behind the glans for any length of time; for in that case he will most probably have to lament his negligence by the formation of a paraphymosis; therefore, as soon as the sores have been seen, or dressed, let the prepuce be quickly returned to its natural situation. Phymosis sometimes makes its appearance at another stage of the disease; that is, when sores have existed for some time, and are apparently healing. In this state small pimples are occasionally formed round the extremity of the prepuce, which breaking, soon increase in size, and form small ulcers, with a good deal of thickening about them; totally preventing the glans from being uncovered. It is in this chronic condition of the parts that stimulating applications become necessary. These small secondary ulcerations may be freely touched with the lunar caustic, or sulphate of copper. Stimulating injections, thrown up between the prepuce and glans, are highly beneficial also in this condition of the parts. Of these, the *lotio flava*, formed of oxymuriate of mercury and lime water, is one of the best; or the oxymuriate, with water only, may be used, in the proportion of two grains to eight ounces of water; or, perhaps, even stronger. And if mercury has been employed, it must be immediately omitted; though I have occasionally found great benefit from the fumigation of the part with the re-sulphuret of mercury: the quantity of this substance to be employed is from half a drachm to a drachm, the penis being enveloped in linen, so as to prevent the escape of the vapour.

In whatever way this chronic form of phymosis is treated, it will occasionally give great trouble, and prove very obstinate; and cases occur where the extremity of the prepuce forms a hard ring, almost shutting in the glans entirely, and sometimes even obscuring the orifice of the urethra. In this state the operation of circumcision has been

recommended; which is performed by drawing the skin forwards, and cutting a circular portion off with one sweep of the knife, taking care not to carry the incision so far as to divide the frænum. Sometimes a considerable hæmorrhage follows this incision, but which is more troublesome than dangerous. The part should afterwards be dressed with dry lint, and poulticed. It must be observed, however, that the necessity for performing this operation seldom exists.

In every mode of treating a phymosis, however, it must be recollected that it is only an effect of some other symptom; and that, therefore, above all things, we are not rashly to have recourse to mercury, which in the event of inflammation being present, must inevitably do mischief, a remark which Mr. Travers has put in a very strong point of view; neither can that medicine be attended with any beneficial effects in many cases where there is no inflammation, for example, in the cases of warts, which is a very common cause of phymosis, and for which we now do not think mercury necessary, although a complete mercurial course was recommended for their removal as late as in the work of John Howard. We are told that care must be taken when a phymosis exists in conjunction with sores on the internal prepuce and glans, that when they are healing they do not form adhesions; certainly such an event is possible when the ulcerated surfaces are exactly in apposition to each other, and when they are both in the same condition, or are healing *pari passu*; but these circumstances are not usually met with; and the frequent use of injection between the parts, with an occasional movement of the prepuce, will effectually prevent the possibility of such an occurrence. The points, therefore, to attend to, and the principal inquiries to make when called upon to treat a phymosis, are these: how long it has existed; whether it is connected with gonorrhœa solely, or with ulcerations within the prepuce, or merely arising from want of cleanliness, or the existence of warts; whether it is accompanied with pain and inflammation, or simply in a chronic indolent form; and, lastly, what must never be omitted when we are consulted on any symptom connected with syphilis, whether mercury has been exhibited or not; and especially whether the appearance came on during or after its use, or existed previously. These few inquiries will generally enable you to adapt your treatment to the peculiar circumstances of the case before you; for though every enlargement and elongation of the prepuce is called a phymosis, it is evident that the same precise line of practice is not equally applicable to them all; and this remark, though a very simple one, is not the less necessary to attend to, for no small quantity of mischief

has occurred by calling many dissimilar conditions by the same name.

Respecting paraphymosis, as an attendant upon syphilitic ulceration, I have nothing to say in addition to that which I have already urged when speaking of it in connexion with gonorrhœa. The prepuce may most commonly be returned by the hand, cold lotions being first applied to the glans, in order to contract the part as much as possible, taking care to squeeze the blood from this part whilst the prepuce is drawn forward. If success cannot be obtained in this manner an operation will be requisite; which consists in separating, as much as possible, the swollen portions of the prepuce, and cutting through the strictured band by which the glans is compressed, and, as it were, strangled; but I am quite convinced that this will be seldom necessary unless the patient has neglected his situation for some considerable time. If applied to within the first twenty-four hours I should not despair of relieving the paraphymosis by the means above detailed.

It will not be necessary to detain you any length of time in the description of primary ulceration in the female sex. The more simple construction of the parts of generation; the general tenor of their mode of living; and their being less susceptible of inflammation, render these sores, under common circumstances, of comparatively little consequence. It sometimes, however, happens that sloughing, or gangrene, take place to the extent of even destroying the external labia; and phagedena, especially, is by no means an uncommon consequence of an ill-conducted, or profusely administered course of mercury; as well as sometimes produced without mercury, in those broken-down constitutions which poverty, and the pernicious habit of dram drinking, too often lay the foundation for in that unhappy class of females who exist by prostitution; but of phagedena it is my intention to treat at length when considering the diseases arising from mercury. What I have before said relative to the treatment of the different forms of syphilitic ulceration in the male sex, equally applies to the female. The situation of these ulcers is either upon the external or internal surface of the labia; upon the nymphæ, the clitoris, and its prepuce, or the raphe, and the lower part of the vestibulum. When ulcers are situated externally on the labia they generally put on the form of the *ulcus elevatum*, and are covered by a scab. It may no doubt occasionally happen that a sore may be situated within the vagina, or even on the *os uteri*; and it appears to me that many cases of infection, otherwise very difficult to explain, may be readily understood to arise from this cause; for as there is but little pain or sensibility attending these sores in the majority of instances, and as the discharge is often

but trifling, and the parts themselves are so moist, and discharges are so frequently met with even in women otherwise healthy, it is by no means improbable that a small ulcer within the vagina might occasionally be productive of much mischief, both to the patient herself and others who have connexion with her; and in my opinion this is a much more rational mode of explaining the appearance of constitutional symptoms unpreceded by visible primary sores, (I mean where gonorrhœa also is not found to be present, for in that case we do not want the assistance of ulceration to account for their presence), than by the doctrine of silent absorption, as it has been called; or the still more probable explanation of the communication of the disease by a sound person sleeping with a diseased one, an instance of which is related by Swediaur. But whoever will attentively peruse this, and similar cases, will, I conceive, easily see through their fallacy, and form other conclusions, more consistent with reason. Formerly, indeed, the supposition I have ventured to make was attended with a difficulty which we have not now to contend with, for it was believed that a syphilitic ulcer could not get well without mercury; and even Mr. Pearson, in his lectures, made this a criterion by which to judge of its nature; but now we are convinced that this is not the case, there is nothing that should prevent our supposing that a primary ulcer may have existed some way within the vagina, so as not to be detected, but by an especial examination, and that this may have given rise to all the subsequent mischief. In the female a plurality of ulcers is more common than in the male sex, and their character is most frequently that of a small ulceration tending to the circular form, having, in the commencement, rather an ash-coloured apthous appearance, and seldom increasing to any great size, though often surrounded with the true inflamed and thickened margin. These sores usually take a considerable space of time to heal, and especially if situated at the lower part of the vestibulum, or about the raphe of the perineum; for there the urine interferes with them very much. As women are very prone to the formation of bubo, it will be necessary to recommend to them repose; and the situation of the sores renders this the more desirable, as applications cannot otherwise be conveniently retained. When the sores are in an uninfamed state, the black wash, or Bates' camphorated water, form the best local remedies, for ointments are scarcely capable of being retained in their situations, from the lubricity of the parts.

The next primary symptom of syphilis which will engage our attention is a bubo. This has been asserted by many writers to have been first noticed as late as the year 1540, or thereabouts; but this is a mere

error, and one, indeed, that can hardly require us to look out for authorities to confute; for unless the nature of the animal economy has changed, it is absolutely impossible that ulcerations could have existed on the penis at any period of the history of the world without sometimes giving rise to inflammation of the inguinal glands; and, accordingly, we find mention made of these appearances in most of the ancient authors; and all we can suppose them to mean, by restricting their origin to a particular period of the sixteenth century, is, that then they first began to be looked upon as direct syphilitic symptoms, even when met with unaccompanied by breach of surface. A syphilitic bubo has been supposed to be of a peculiar character, and easily recognizable by the hand and eye: and so indeed, with many restrictions, it may be admitted to be. It is generally an equal circumscribed swelling of one or more of the glands of one or both of the groins, attended at first with little more than a stiffness of the parts, and some slight uneasiness on taking exercise. Some authors have affirmed that the venereal bubo differs from other glandular enlargements in only affecting one gland: but this is far from being universally the case, especially in those patients of strumous habits, where any irritation will often produce enlargement of the whole chain of glands. A bubo most commonly affects only one side: though this also is far from a general rule—and it more frequently follows ulceration of the internal prepuce, or corona glandis, than those of the skin of the penis, or glans itself. The side affected is generally that nearest the sore, but there are many exceptions to this; it sometimes happens that the femoral glands are the seat of this affection—though this is more common in the case of what is called the sympathetic bubo accompanying a gonorrhœa. Syphilitic buboes are confined to the first order of glands; and it must be understood that they may be met with in the axilla, though, for obvious reasons, the groins are the most usual seat of this symptom. Mr. Hunter says he once saw one of the submaxillary glands enlarged in consequence of a chancre on the lip; whilst Mr. Pearson remarks that, excepting in the groins or axillæ, he never knew an instance of the occurrence of bubo. I should be inclined to believe that their rare occurrence, excepting in the situations above mentioned, is solely owing to the infrequency of syphilitic ulceration in any other part. The venereal bubo is the consequence of the absorption of the syphilitic virus; though it is by no means necessary that these glands should enlarge, or suppurate, since the constitution frequently becomes affected where no bubo has previously existed. They do not often follow the gangrenous ulcer, and, generally speak-

ing, arise in those cases where the progress of the sore is but slow, and certainly have no reference whatever to its size, independently of any other distinctive characteristic mark. Authors detail the histories of patients in whom bubo has been the sole primary symptom, though they acknowledge that these cases are but rare, and that often a very minute examination will detect some slight breach of surface. These primary buboes have been said occasionally to have been followed by secondary symptoms. I will not deny that such an occurrence may take place, but I am convinced that the majority of these enlargements of the inguinal glands, unaccompanied with breach of surface, are totally independent of syphilitic infection; and I should be extremely loath to employ mercury for their cure, because I have uniformly observed them to take place in persons of diseased habit, and in a vacillating state of health; and especially in those constitutions more usually denominated strumous, where any trivial cause will excite irritation in the glandular system, and where mercury, hastily and improvidently administered, gives rise to the most serious evils. I can well recollect the period when all enlarged glands in the groin were doomed to a mercurial treatment, however energetically the patient might declare the impossibility of their originating from the virus of syphilis; and I have lately had so many opportunities of putting the opposite practice to the test of experience, without having met with any cause to repent my so doing, that I should certainly not now think of administering a course of mercurial medicine merely for a bubo. The cases related by authors, in support of the old doctrine, are liable to so many objections, and repeated from one to another without any attempt to examine into their probability, that they cannot, or ought not, now to influence our practice on a point so pregnant with danger to our patients. One observation made by Mr. Hunter, bearing upon this question, is of some importance. He says, that if buboes, as solitary symptoms, are not the product of venereal absorption, they are generally preceded by fever, and slower in their progress to suppuration than when the contrary is the case. There is some truth in this; but I fear that this ground of distinction is not sufficiently firm to bear us out in our diagnosis upon many occasions, and I therefore must repeat that I should certainly not use mercury in these cases, unless the history was very distinct, and the patient would not be contented without it.

One caution, however, I wish to impress upon your minds, which is this—never prescribe for a bubo as a solitary symptom, whatever rank of life your patient may be in, without examining the

penis, if a male, or the pudenda in the female, if you can possibly avoid it; for patients, under these circumstances, will occasionally trick you if they can, even though it be at the expense of their own health. To obtain the information you require, it may be necessary to use a little tact, or finesse; but it is well bestowed, for the patient will think the more of you—and though he has, perhaps, done all in his power to deceive you, will very likely throw the blame of after consequences upon you if you fail to make the proper examination.

Although the absorbed gland is the central point of irritation, the cellular membrane surrounding it is the seat of suppuration, and when the matter is evacuated, the gland, in an enlarged condition, is usually found in the centre of the abscess. This remark applies generally to all buboes, but they are distinctly divisible into three kinds—those which inflame and suppurate rapidly, those of a more indolent character, and, lastly, those which may be denominated truly scrofulous; and each of these forms of bubo requires a different mode of practice. You will find Mr. Hunter, Swediaur, and other modern writers, relying very much upon the powers of mercury in dispersing these tumors, but their theory is repeatedly belied by the detail of their cases; and whoever begins to practice with this expectation will be grievously disappointed. That mercurial inunction, employed early on the appearance of the primary ulceration, as well as of the bubo, will frequently prevent it from proceeding in its course, I believe to be true; but it is a truth liable to numerous exceptions even in that state of the disease. But when inflammation has once been denoted by the more general diffusion of the swelling, and the presence of absolute pain, I have as often found mercury increase the irritation and hasten their maturation. Professor Assalini's observations confirm this opinion. Some practitioners are fond of applying leeches and evaporating lotions to a bubo: for my own part, I question the propriety of so doing, and I am quite sure that it is commonly useless (I speak of bubo in connexion with some form of primary sore); and this is no more than might be expected, for how are we to get rid of a glandular enlargement and tendency to the formation of matter, depending upon the irritation of, and absorption from an ulcer, which ulcer is still continuing to produce both those effects? This is contrary to reason, and, I will venture to assert, will not succeed in the vast majority of instances; nay, I have sometimes thought that the irritation of the leeches has actually hastened the progress of the bubo, and I have over and over again seen them applied in vain in private practice. This is a serious evil, for the ope-

ration is tedious and troublesome; and a failure in our object is generally productive of great disappointment to the patient. That species of bubo which proceeds rapidly to suppuration is usually found in connexion with a robust state of health, and is more easily overcome than either of the other forms of this affection. There is no occasion, under these circumstances, absolutely to withhold the exhibition of mercury, provided the condition of the ulceration demands its employment; and the best method of treating the bubo is by fomentation and poultice, with absolute rest, in the same way as you would treat abscess in any other part. The matter should be discharged early, as soon as it is fairly formed, before the skin becomes too much inflamed or disorganized; and a free opening with a lancet is, in this case, to be preferred either to permitting it to burst spontaneously, but more especially to the application of the caustic. Little else but a continuance of poultices will be requisite until the ulcer heals, and the extent of the mercurial course need not be influenced by the occurrence of this symptom: when you are satisfied with the healing of the primary sore, and the healthy state of the cicatrix, the circumstance of the glandular suppuration would not induce me to continue its exhibition one day longer. The chronic or indolent bubo requires much more circumspection in all respects, but more particularly as far as regards mercurial treatment, than the inflammatory or phlegmonous bubo: in these cases the swelling is often more diffused and larger than in the simple inflammatory bubo; the surgeon and patient are often flattered by a promise of the dispersion of the swelling, which again resumes its progress; the skin becomes discoloured slowly, but to a considerable extent; the colour is not the bright scarlet of the former description of swelling, but of a dull deep red; the fluctuation of matter becomes perceptible only by slow degrees; and this indolent condition will often remain for many days, and will require generally the interference of the surgeon, for if permitted to break, the skin having become extensively diseased will commonly ulcerate largely, or sometimes even slough extensively, giving rise to a sore formidable from its size, often taking on the true phagedenic character, and healing with the utmost difficulty. I have known fifteen months consumed in endeavouring to cicatrize a sore in this condition. The causes of this particular kind of suppuration are to be sought for either in the peculiar habit of body of the patient or in the wrong action of mercury on the system: whenever, therefore, in the progress of a venereal ulceration, which you are treating by mercury, a bubo occurs answering to the above description, unattended with much pain, making but little progress

from day to day, but at length shewing a disposition to suppurate, with much diseased skin, it is more than probable that mercury has either been pushed too far or has excited its own specific fever. Whenever you perceive this condition of the gland, inquire minutely into the patient's general state of health: he will probably say he is very well, but when closely questioned you will find that the sleep is not sound, there is headache, an irritable pulse, occasional slight chills and heats, so trifling as perhaps not to have excited his attention at first, but which are evidence that should induce you to change your line of practice at once;—abstain from mercury, give light tonics, with the nitric or sulphuric acids, let the patient take passive exercise in the open air, if his local disease will permit him so to do, or let him go if possible into the country.

The bubo, in all probability, will require to be opened, for the matter has rather a disposition to spread and burrow under the skin than to come fairly to the surface; and as the skin is usually in a state of disease, and can scarcely be expected to recover, it is better, I think, to make an opening by destroying a portion of it with the caustic potash. This should be done at once with the hand, not in the usual way, by putting it upon the part and suffering it to remain there, since the opening should not be made large, nor should it be permitted to extend in depth below the skin. It appears to me that the stimulus of the caustic open operates beneficially on the enlarged glands themselves, and that they rapidly lessen when treated in this manner. These are the cases which lead to such deplorable consequences when mercury is pushed in defiance to all the dictates of common sense, where ulceration extends rapidly, and is mistaken for the continued effect of the syphilitic virus; and at length the patient falls a victim either to the extent of the discharge or some consecutive hæmorrhage of the larger blood-vessels of the part; and never, therefore, forget to pause in the exhibition of that mineral when you find the skin giving way, ulceration spreading rapidly, and the health declining from hour to hour. This is a condition that I have witnessed too often, especially in public institutions, where numbers are crowded together, and where, if an ulcer becomes phagedenic, it requires a long time, and much perseverance in the employment of both proper medicine and diet, to alter this obstinate condition of the parts. The treatment of these tremendous sores, when they have assumed the phagedenic character, will be considered in another place.

The third description of bubo which I have to describe is the scrofulous: it is rather an enlargement of the whole chain, or at least of several, of the inguinal glands;

these proceed to imperfect suppuration, as scrofulous enlargements in other parts are wont to do, and demand much attention and nicety of discrimination in practice. Here the primary sore (for you will understand that I speak of these buboes always in connexion with primary sore) may require a mercurial treatment, perhaps; but if this condition of the glands exist, a full and free course of mercury is inadmissible. Here we must preserve, if possible, the tone of the system; and mercury, though it ought to be exhibited, perhaps, for the purpose of averting constitutional affections, must be prescribed *alteratively* only; the sarsaparilla should be given with it daily, in the form of decoction, to the amount of a pint in the day; passive exercise must be prescribed, and the local application of blisters will often be productive of much good. If suppuration take place, it often shews itself in two or three small spots on the summit of as many enlarged glands, and I have found it generally the best method to puncture these simply with a lancet. They seldom ulcerate under this mode of treatment, and generally heal well, though very tediously, under the use of the common poultice. Occasionally, when indurations remain, the mercurial plaister will succeed in removing it entirely. When, after a bubo has either broken spontaneously or has been opened, sinuses form, a very troublesome, but by no means an uncommon event, it is the quickest and best method to lay them open at once; any other mode of managing them is productive of so much waste of time, and after all so commonly unsuccessful, that there can be no hesitation as to the propriety of so doing; and unless there be much diseased skin connected with them, the knife is the readiest and even the least painful mode of proceeding. When a bubo has been fairly opened, and the portion of skin devoted to destruction has ulcerated away, there is little difficulty, in general, in healing the part: to keep down exuberant granulations, and to touch the edges with the lunar caustic, is all that will be required. The Bates' comphorated water, the ointment of red precipitate, or that composed of the oxyde of zinc, form excellent applications to the part, and will generally lead, in the space of three or four weeks, to the cicatrization of the sore. But, after all, a bubo that has supplicated is a very formidable symptom, for it takes a long period to go through its different stages, and the patient generally counts the days with great anxiety; however, it must be your business previously to acquaint him with the very tedious nature of the complaint, and not to promise him too speedy an escape from his troubles, even when suppuration is established, for the subsequent progress of the sore is very uncertain and ca-

precious. In every case where mercury has been or is exhibiting for the cure of the primary ulcerations, and the system is under its influence, and the bubo, after it has suppurated, begins to spread or to ulcerate rapidly, do not, upon any consideration, attempt to pursue the exhibition of that medicine: your only hope of remedying this condition of the system is by the administration of sarsaparilla, or by other tonics; by good air and passive exercise, a residence perhaps at the sea-side, and such local means as the apparent condition of the bubo shall demand. If irritable, with a thin and profuse discharge, the hemlock poultice will often be productive of much good. A weak solution of nitrous acid will sometimes produce a healthy condition of the parts, but ointments are seldom advisable in this condition of a sore, however compounded; the greasy nature of the application appears to do harm, and whatever is applied had better be in the form of a liquid, covered by poultice. I shall have much more to say upon this subject when I come to treat of phagedena.

Another local affection, if not exactly a primary one at least the consequence of them, is the formation of warts. These were wont formerly to be called venereal warts, and I remember the time when a good solid course of mercury for five or six weeks was always prescribed for their cure. The appearance of warts is very various; but we can distinctly recognize that kind which the ancients denominated thymus, from its supposed resemblance to the tops of the herb thyme: sometimes this is met with all round the corona glandis, sometimes only growing from the internal prepuce. Warts are, again, occasionally single, with a small slender peduncle or stalk; at others they are like little pyramids, with a broad base; but, in short, their various appearances are almost endless: however, our means of overcoming them are scarcely less so, and almost every practitioner has some favourite application for their destruction. They may be snipped off with scissars, or tied with a fine silk; they may be taken off by caustic, or destroyed by the powder of savine, by the liq. plumbi acetatis undiluted, or by the tinctura ferri muriatis, or by a strong solution of oxymuriate of mercury; but the extent, description, and mode of attachment of these excrescences would be my guide in preferring one or other of these remedies—for example, if the wart is large, with a small neck, I should cut it off with the scissars, and touch the cut surface with the lunar caustic: this will have a double effect—it will stop the bleeding and prevent the growth of the wart, for they are all inclined to sprout again. If the mass was of the fungoid kind, I should, on the contrary, dip

a piece of lint in the tinct. ferri muriatis, and lay it upon the part, or sprinkle it with the powder of savine; or if it was circumscribed, but still of a soft nature, perhaps I should prefer including it within a ligature; but whenever the surface from which the warts have grown is extensive, it will be necessary to wash the part for some considerable time afterwards with a strong solution of the sulphate of alumine or zinc, or of the oxymuriate of mercury, which will tend to prevent their reappearance.

Mr. Jesse Foot believes that there is oftentimes a connexion between the formation of warts and a diseased condition of the urethra. I am not quite clear about this, but I have, upon more than one occasion, been inclined to believe that has been the case; and whenever you find them very troublesome, and growing again in spite of all your endeavours to destroy them, it will not be amiss to turn your attention to the state of the urethra.

In connexion with this part of my subject, I must here say a few words relative to those symptoms formerly arranged among secondary syphilitic affections, but which were undoubtedly known to the ancients, who cured them without difficulty, and by much the same means that are recommended by recent authors—I mean by those who have abandoned the old plan of putting their patients through a mercurial course for their destruction. These symptoms are rhagades, or fissures about the anus, fici, condylomata, porri, mariscæ, &c. The former of these appearances would seem to be connected rather with a certain train of cutaneous symptoms wholly unallied to syphilis, and are often met with, according to Mr. Hunter's commentator (Dr. Adams), in warm climates. Swediaur believes that the fici and condylomata, or mariscæ, have sometimes derived their origin from the indulgence of an unnatural propensity: I fear there is much truth in this observation. I have had two or three opportunities of witnessing these appearances under circumstances of great suspicion; and this was a very general belief among the ancients, as is evident from the writings of Juvenal, Horace, Martial, and Lucretius. Nevertheless I am quite confident that mercury, excepting perhaps as an alterative, is not requisite for the cure of these affections.

The minute distinctions made by authors between the fici, condylomata, thymus, and mariscæ, are not very intelligible to us in these days: they are more or less of the nature of warts, only distinguished by their greater or less degree of softness or hardness, and generally yield a foetid ichorous discharge. They are to be got rid of by escharotic applications, or by a strong solution of the oxymuriate of mercury, which generally operates upon them a very rapid

change. Occasionally, the condyloma and ficus may be cut off with the knife, or included in a ligature. The cure of rhagades will generally be effected by the use of the ung. hydrargari nitratis, or the red oxyde of mercury. Alterative doses of calomel, in the form of Plummer's pill, together with the decoction of sarsaparilla, may likewise be beneficially exhibited; but I would not recommend the regular mercurial course for the removal of these symptoms, since (though occasionally following syphilitic complaints) they do not appear to be essential symptoms of the disease, but rather proving a peculiar constitutional taint called into action by it; and it is curious to observe how Swediaur struggles between the old doctrine and the belief of their separate origin from syphilis, which experience has shewn him—for in one paragraph he observes that they only need local remedies; again, in another, he tells us that, if syphilitic, a thorough mercurial course must be prescribed: but he fails to point out to us any mark by which we are to distinguish one kind from the other, and well he might, for no such distinctions exist.

Even Astruc himself, when describing these symptoms, though no man has a greater confidence in the universal powers of mercury, after recommending a complete course of that medicine, says, if there should be no suspicion of their being the consequences of syphilis, or at least if they be only the consequence of the recent and local action of the virus which has not extended beyond the part, it may be as well to spare the patient the trouble of a course, but still to employ that remedy in a lighter manner, until the symptom is removed. In his account of *cristæ*, *mariscæ*, and *rhagades*, the same vacillating kind of opinion is given, and he observes that, where there is a suspicion of a venereal taint, a full exhibition of mercury must be premised; but this he does not expect to be effectual in removing the symptoms, which he afterwards begins to attack by local remedies, and which are not different from those I have mentioned above—that is to say, in principle at least: for they all turn upon the destruction of the parts by escharotic applications, or by cutting instruments, where the form and situation of the excrescence give that mode of operating a preference. I have now gone through the local symptoms arising from the application of the syphilitic virus to the parts of generation, as well as the first step, as it were, to the contamination of the system—that is, a bubo; and endeavoured to shew you the distinctions between the various forms of primary ulceration, together with the general and particular mode of treatment adapted to each. The same distinctions I have also extended to the various forms which glandu-

lar enlargements assume under different circumstances in the health and constitution of the patient; but I am well aware that what I have said cannot possibly include all the shades and varieties which may be met with in a long and extensive practice: nevertheless, I hope enough has been said to enable you to notice those points of difference in each case which will guide you in the adoption of a particular line of practice, adapted to the condition of constitution or local disease you have to contend with; and that you will not suppose that every sore, because it may be of a syphilitic character, must be subjected to precisely the same quantity of mercury, to precisely the same local treatment, as you would be too apt to suppose from the perusal of many works upon this disease: and the same remarks also apply still more forcibly, if possible, to the treatment of a bubo, which, from a very trivial and simple symptom, may be converted into a formidable wound—may even implicate the life of the patient, if, under such circumstances as I have attempted to explain, you persist in the use of mercury, or do not moderate its action.

[The above concludes Mr. Bacot's Essays on *Primary Syphilis*. There remain yet a few essays on the *Secondary* form of the disease, which we shall give in another volume.—ED.]

MR. BELL'S CLINICAL OBSERVATIONS
ON THE
OPERATIONS UPON THE URETHRA;

*Arising out of the Cases reported in the last
Number of the Gazette.*

GENTLEMEN,

You are naturally interested in the subject of fistula in perineo, from having witnessed the operation to-day: I shall, therefore, take this opportunity of contrasting one or two cases, and, finally, lead you to observe the three several conditions of the urethra and bladder in which it is proper to cut into the perineum, and make good the passage through the urethra. As to the case of Howard, you have in it a common example of fistula in perineo; and that is the very reason why it ought to interest you. The patient himself thought the inflammation and swelling in the perineum accidental, and that they proceeded from an injury in riding: but when you have the history of the case before you, you can have no doubt that the abscess was consequent on the

condition of the urethra. This man has had a stricture: the obstruction to the urine at that part of the urethra, with the continual impulse against it, has kept up irritation and inflammation. Although an individual in this condition may pass his urine with tolerable comfort, yet he is liable to have attacks of inflammation, and the consequences which you now perceive. An improper method of using the bougie, or catheter, too much exercise (which I believe to have been a cause of the patient's sufferings in the present case), or wine, or spirits, drank immoderately, will so increase the inflammatory action in the urethra as to cause an abscess in the surrounding cellular texture. Now observe what happened here: an abscess formed, which discharged healthy pus for eight days. When this abscess was healed, another came; and on its being opened by a lancet the discharge was at first purulent, but afterwards urine was found coming by the wound. This last occurrence was not occasioned by the abscess making its way into the urethra, but by the inflammation within the urethra (which was the cause of the abscess) proceeding to ulceration, and so making a communication with the abscess. The propriety of the practice in this case is marked by its happy effects. The free opening of the abscess, and the fomentations, relieved the spasmodic state of the muscles around the neck of the bladder, and the urine passed tolerably freely—with so little distress indeed, that we might have been thrown off our guard and forgot the great aphorism of surgery—to *remove the cause*. When, however, the irritation had subsided, it was ascertained that there was a stricture; and the use of the bougie, increased in size in regular succession, removed the cause. Now the man will be finally cured, if he be conscious of the situation from which he has escaped, and under that impression be careful to follow what has been recommended to him: but if he does not, then he will pass into that condition which we shall describe from the other case. In this, (case of Thornton,) the stricture had been aggravated by successive attacks of inflammation. I hope you understand that it is the continuance of inflammation around a stricture, with the occasional aggravations, which causes its increase:—this is a thing sufficiently

apparent if you study cases illustrated by dissections, but is altogether obscured by hypothesis, if you be guided by the works of some of our modern authors.

Whilst these inflammations go on within the urethra, abscesses form in succession exterior to it, in the perineum. But this case has advanced to another stage: the urine has filtered into the abscesses, and caused condensation of their surrounding walls; so that an irregular callous tube, or fistula, has formed in the perineum, in connexion with the urethra, and discharging the urine. A consultation was held on this case, and the necessity of a decisive operation was apparent to us all: but the fever which was present, owing to sleepless nights and painful micturition, made it desirable that this operation should be deferred; and the surgeon, I think with great propriety, made an incision into the perineum to relieve the parts, and allow the urine to have a freer exit. To-day, as the symptoms were ameliorated, the operation for fistula in perineo was had recourse to. (After describing the operation, Mr. Bell proceeded.)

In performing this operation, for my own part I am better satisfied with passing the elastic gum catheter from the perineum into the bladder than from the orifice of the urethra. It gives the patient immediate relief, and produces less irritation than when the silver catheter is introduced along the whole urethra. The instrument sticks out awkwardly against the bed-clothes, the further extremity presses against the bladder, and its being in contact with the whole course of the urethra, certainly contributes to keep up irritation. This is of consequence if you consider the condition in which the patient is, for the most part, when you are obliged to perform this operation. He is almost exhausted with fever and irritation, and is in danger of falling into coma, from effusion on the brain. Again, when the catheter is introduced in the first instance along the whole course of the urethra, superficial adhesion may immediately take place in the wound; and then, from the urine making its way by the side of the catheter, abscesses in the perineum are apt to form, and produce fever at the moment when, I repeat, it is most necessary to sooth the patient.

(Here the case of Theophilus Hughes was read; after which Mr. Bell made the following remarks.)

To understand this case, you must consider the condition of the bladder in stricture, and the different circumstances which precede death in this disease. A stricture which admits an instrument to pass, may be so treated as to bring on total obstruction and distention of the bladder: or the progress of stricture, not aggravated by improper treatment, but increased by successive attacks of inflammation, may likewise produce total obstruction. And it is in this way—the patient does not expel the whole urine, however frequent the calls to make water may be; yet a little and a little more accumulates in the bladder, until the muscular coat is so over distended that it becomes incapable of acting: from that moment the distention is rapid, and the fundus of the bladder rises above the pubes. Such is the case in which you may puncture the bladder. (Mr. Bell described the various modes of performing this operation, and then proceeded.)

Now, you will observe the reasons for puncturing the bladder. It gives temporary, but immediate relief: it aggravates no symptom,—it does not increase the fever; but, on the other hand, it lays no foundation for a permanent cure. Accordingly, we have not recourse to it unless the condition of the patient is such as to forbid any painful or protracted operation; for this, in the circumstances now contemplated, would increase the fever, and bring on delirium, or effusion into the brain.

But there is another condition of the bladder, to which I was the first to draw the attention of the profession: it is, where the patient dies from obstruction of urine,—without there being an ounce of urine in the bladder, and where you cannot puncture it. Let me represent this condition to you; for, in truth, upon it all the important questions as to practice hinge. A stricture of long standing, where the stream of urine is exceedingly small, and through which the finest instrument cannot be passed, by some such circumstance as nobody can avoid, (as cold and fever,) is aggravated: the call to make water is therefore more frequent, the mucus is secreted in larger quantity; the bladder

having long opposed itself to this stricture, has become small, firm, and thick in its coats: it has, in short, that condition which was formerly, in ignorance, called *seirrhus* of the bladder. When the bladder is now so incapable of distention, the excitement to discharge urine is almost continual. There is no restoration by sleep; the patient is upon his knees every half hour, endeavouring to make water; and there is a term, which if the patient be permitted to pass, symptoms will come on over which you have no controul. When he dies, you will find mucus or pus in the bladder, the surface deeply inflamed, the ureters and pelves of the kidneys distended, and effusion on the surfaces of the brain. In such a case, then, you cannot puncture the bladder; it is not distended; the cavity is not large enough for your aim to thrust the trocar into it. You may think of forcing the stricture with the catheter; but I have described an old, firm, and callous stricture, and in such a case you would certainly fail in this operation. The patient, in this condition, could not bear the inevitable injury from such an attempt; and you would kill your patient, if a person can be said to do so, who does a thing in ignorance.

Such is the case in which Mr. Hunter and Sir Everard Home would have advised the application of the lunar caustic, a practice certain to aggravate every symptom, and in which the relief that might be hoped for would be too late for the urgency of the case. I now describe to you the case in which I advise the division of the stricture,—an operation which, I most pointedly observe to you, is in all cases practicable; because the stricture is never further back than the bulb, and because behind the stricture the urethra is always very much dilated.

There is another case in which this operation is necessary; that is, where abscesses have formed at the neck of the bladder, in consequence of stricture, and there is danger of *fistula of the neck of the bladder*. A patient shall be suffering, as if it were only from the common effects of stricture; but the quantity of pus discharged with the urine, and the great irritation at the neck of the bladder, give rise to suspicion of abscesses having formed around the prostate. These may communicate with the enlarged ducts of the prostate. Such

a patient is in extreme danger ; for the urine may burst out into the cellular texture of the pelvis. When we suspect this to be the condition of the parts, prompt assistance is required: the urethra must be immediately relieved by an incision ; the catheter cannot be introduced,—the caustic aggravates the symptoms,—the bougie is too slow in its operation, and nothing can save the man but the division of the stricture, the introduction of a large elastic gum catheter, and the washing out of the bladder with tepid water:—in short, the immediate removal of the causes of irritation, arising both from the obstruction to the passage of the urine forwards, and from the lodgment of matter in the prostate, and around the cervix of the bladder.

These are the three cases in which I advise the division of the stricture:—1st. The callous stricture, with an old and aggravated condition of fistula in perineo. 2ndly. When there is a narrow stricture, and an inflamed contracted bladder. 3dly. When the irritation at the neck of the bladder, consequent on the stricture, threatens the bursting out of urine into the pelvis. But I must remind you, gentlemen, that the perfection of art is to anticipate the coming on of these dreadful symptoms, and by the gentle and dexterous use of the bougie to prevent their occurrence.

In all those cases, when the obstruction has been removed, a very curious and very important phenomenon is presented ; for I can give no other name to that dilatation and relaxation of the bladder which begins to take place from the moment that the stricture is divided. When the urine flows without obstruction, the very first interval between this and the next call to evacuate it, is longer than the preceding one ; and from this moment forward the urgency is less, and the bladder becomes capable of holding more and more urine. This, you know, is at variance with all mechanical principles, since the bladder should contract the more the freer the passage is to permit it. This points out to you the importance, through the whole consideration of this subject, of directing your minds to the sensibility and irritability of the bladder.

VARICOSE VEINS OF THE LEGS.

To the Editor of the London Medical Gazette.

SIR,

PERMIT me to state in your Journal the result of the practice which I have adopted in the treatment of varicose veins of the legs. Without being new, it is not generally known ; and some experience which I have had of it has been uniformly favourable.

It is unnecessary to state that varicose veins are common upon the leg and thigh ; that sometimes one trunk becomes dilated and tortuous, sometimes another ; that sometimes all the knotted veins are evidently branches of a single trunk, while in other cases they form a plexus, entirely surrounding the leg ; that varicose veins occasionally burst ; that they frequently give rise to obstinate ulcers ; that they are always attended by a sense of weight and uneasiness in the limb ; and are a constant source of distress to the patient. That where the complaint is slight it becomes temporarily subdued by the use of a laced stocking ; that where it overspreads the whole limb, the same remedy, or a roller, constantly applied, may be recommended to a patient as an ascertained inconvenience which prevents every other ; and that often, where the veins are most knotted and prominent and threatening, the practice of puncturing them occasionally, and in the intervals employing a roller round the leg, with a compress upon the part, will frequently cause the most dilated vessels to contract.

Still it has always appeared a desideratum in surgery to find a safe means of *partially obliterating* varicose veins, between the dilated portion and the vena cava. Where this has been successfully accomplished, it is found that pressure, continued for a few weeks, causes such contraction of the veins that they afterwards do not swell and become knotted as before. The vessels are then exposed to little more than the moderate pressure of the vis a tergo of the heart, not to the column of fluid in the cava and iliac veins from the heart downwards. The means which within my recollection have been tried for the purpose of producing obliteration of veins, are, the ligature, excision of a part of the vein, and simple division. The first of these methods produces fatal inflamma-

tion in a great proportion of cases; the two latter much less frequently indeed, but yet occasionally. However, the division of a vein is probably unattended with risk where the vessel is small. I saw a patient who has a few small tortuous veins on the outside of the thigh: one of these burst in the night, and she lost a considerable quantity of blood. The surgeon who attended her afterwards divided the vein with a lancet, just above the knotted part, which had burst, and it became obliterated.

The method which I employ consists in applying potassa fusa, made into a paste with soft soap, to the integument covering the vein. I cut a hole one-third of an inch in depth, and of the requisite length (from an inch to two inches) in a piece of leather upon which adhesive plaister has been spread: the plaister is then applied to the skin, so that the length of the aperture is transverse to the vein or veins I would obliterate. The hole in the plaister is then filled with the caustic paste; and a piece of adhesive plaister, and a roller applied over *that*, prevent its shifting. In seven hours the roller, plaister, and paste, are removed, the part washed with warm water, and a linseed poultice applied. In about ten days the slough produced by the action of the caustic separates; in a week to ten days more the sore is cicatrized, and the cavity of the vein is found to have become obliterated.

For the first two days after the application of the caustic paste the adjoining part of the vein is hard and sore upon pressure: to relieve this, nothing has been necessary besides desiring the patient to remain at rest, with the leg on a sofa, to take opening medicine, and to live upon broth and tea, and to apply to the part the liquor plumbi dilutus, as a lotion. The flow of the blood through the vein has commonly ceased about the fifth or sixth day: sometimes I have found, on tapping with my hand the swollen vein below the caustic, that by the second day the fluctuation has ceased to be communicated to the blood in the part above. In a few instances, when the slough of the integument has separated, the vein has been seen as a second slough, traversing the bottom of the ulcer. The vein always appears to be obliterated for some little distance above and below the part exposed to the action of the caustic.

I have applied caustic thus upon the great saphena vein above the knee, but more commonly to the same vein below the knee; to a part evenly dilated, and across a knotted part; to the saphena minor, immediately below the knee, and to the saphena major, in two places at once, near the knee and near the ankle; it has never failed to obliterate the vein in any case which I have witnessed; no hæmorrhage has ever taken place; no local inflammation more than I have described; no symptomatic fever; and I think it may be considered as a useful addition to the means commonly employed in the treatment of varicose veins of the lower extremities.

I remain, Sir,

Your obedient servant,

HERBERT MAYO.

19, George-Street, Hanover-Square.

LACERATION OF THE ABDOMEN.

To the Editor of the London Medical Gazette.

SIR,

THE following is an interesting case: perhaps it may be worth your insertion.

I am, Sir,

Your obedient servant,

C. BURNETT.

House Surgeon's Apartments,
St. Bartholomew's Hospital, Nov. 10, 1828.

Laceration of the Abdomen, with an extensive Protrusion of Intestine.

JAMES CRIPPLEFIELD, a puny looking lad about 14, on the evening of the 28th of March was brought to the house of Mr. Smith, surgeon, Dowgate-Hill, with a protrusion of nearly half the intestines through a wound in the lower part of the abdomen. The father gave the following account of the accident. He said his son had been employed to close the warehouse of Mr. F., which was on the second floor, about thirty feet above the level of the street; and, from misunderstanding about the loop-knot of the crane, his companion let it go whilst the boy had hold of it, so that he slipped and fell upon a cart which was directly under him.

The abdomen was lacerated to the extent of six inches, in a transverse direction, midway between the umbilicus and pubes. The wound of the skin

looked like the cut of a sharp instrument, but that of the abdominal muscles was in an oblique direction, lacerated and extending upwards and outwards considerably higher, reaching as far as the lower margin of the last rib on the right side. There was an extensive protrusion of intestine, consisting of the caput and transverse arch of the colon, together with about two yards of small intestine, which appeared to be ileum. There was also a protrusion of a considerable portion of omentum. The cœcum was situated in the wound, as near to the side on which it is found in the abdomen as the nature of the wound would admit. The small intestines were situated on the left side, and the transverse arch of the colon occupied the centre of the mass. The parts formed a complete strangulated hernia, for they were firmly girt round by the edges of the wound. There was some oozing of blood from the surface of the omentum and intestines, but to no considerable amount; nor could there be perceived any hæmorrhage from the epigastric arteries, both of which, from the situation and extent of the wound, must have been divided. This might be attributed to the lacerated nature of the wound. Mr. S. immediately made attempts at reducing the intestines, and, upon examining the wound through which they prolapsed, found that there was not such considerable stricture as had been conjectured; but, from the confused state of the intestines, and their great bulk, he found that the reduction could not be effected with any great regularity. The cœcum being distended, occupied the largest portion of the wound, and this was the portion first attempted to be returned. By making even pressure upon it for about five minutes, it was replaced within the abdomen, and the transverse arch of the colon immediately followed. The boy felt very faint; at the same time he was making very considerable resistance with his abdominal muscles. After the cœcum was returned, the small intestines came more into view, when there was perceived a small wound of the bowel, but it appeared only to have penetrated the serous membrane. There was a slight effusion of blood beneath the peritoneal coat, the size of a small shirt-button. By continuing pressure upon the remaining intestine, it was very soon returned, but the pain that

was produced by the great pressure required to keep the bowels, caused him to faint, and we now began to survey the nature of the internal wound. This we found could not be closed as we had anticipated; and, in my opinion, the future success of the case owed much to this circumstance. The wound was very irregularly torn in the direction upwards and outwards, and considerably above the termination of the external wound on the right side: it was therefore thought fit merely to put one ligature upon this, below where it corresponded with the external wound; the ligature was not drawn taught, fearing lest the intestine might again protrude itself and become strangulated between it and the termination of the wound. Nor do I think there could have been another ligature placed here without causing considerable risk of further protrusion. It was therefore determined that the outer wound should be closed, as, by this arrangement, the intestine could not be strangulated. We accordingly placed seven interrupted sutures upon the external wound, the lips of which were drawn together. These sutures were about half an inch apart from each other. A compress was placed over the tumor, and a roller over the compress; and thus was he brought to St. Bartholomew's Hospital. When he arrived, a small knuckle of intestine had protruded through an opening formed between two of the sutures. This was easily returned, and another suture placed over the part. He was now put upon a bed, for his clothes were not taken off, fearing he might not bear the fatigue without producing more mischief in the wound. The countenance was very pale and distressed, the extremities cold, and the pulse small and flagging. Hot bottles were put to his feet, but he remained restless all night, with continued moaning.

29th.—In the morning the countenance still looked pallid and anxious, and he complained much of his belly. There was considerable pain on pressing the abdomen. The bowels had not been moved since the accident, and he had not vomited, neither had he felt sick. Was ordered to have eighteen leeches applied to the abdomen, around the seat of the injury, and to take two drachms of sulph. of magnesia in mint-water, every six hours. He had taken castor oil early in the morning. Pulse

continued small, but was more frequent than it had been the night previous. The extremities remained cold, and he complained of being chilly.

Ordered to take ten grains of Jalap and four of Calomel.

In the evening there was not so much pain, and the skin was warmer on the body, though not on the extremities. The pulse was fuller, though not inflammatory. The bowels had not been evacuated, and he had not felt sick. The face was slightly flushed, and he complained of being thirsty. Twenty-six hours had now elapsed from the first receipt of the injury before reaction had taken place; he looked fatigued, and felt inclined to sleep.

30th.—On this morning he was better; he had slept two or three hours during the night, and was in no pain. There had been no evacuation from the bowels, though he had several times taken castor oil. He had been twice sick this morning, and brought up about four ounces of a dark green-coloured fluid. Ordered a common enema directly, and to repeat the opening medicine: to have 12 leeches applied to the neighbourhood of the wound, which is tense and painful.

Vespere.—Half an hour after the enema was administered, he had a very copious stool, which was black and foetid, and an hour after this he had another. He expressed great relief, and slept for three hours. There had been no return of sickness, and the countenance looked composed. Pulse 84, no hardness in it.

31st.—This morning he felt very much better; there was no heat of skin; and he did not feel thirsty. Pulse 80, and soft. No pain in the situation of the wound. Slept for five hours during the night; and with the exception of occasional griping, had no pain. All the anxiety that first marked the case has now disappeared; has had no more stools since those that followed the enema. To take *haust. efferves.* instead of the sulph. magnesia.

April 1st.—He had a stool yesterday afternoon; and in spite of a noisy ward, slept nearly all the night. Pulse very steady, and skin moist; bowels acted again in the evening.

2d.—To-day the wound was dressed for the first time: it was looking very well, and had come together in nearly

the whole of its extent. There was no pain, and little tenderness in the wound, nor did it look inflamed, but there was a slight ulceration at its left end, to which a poultice was ordered to be applied. Bowels open; pulse 80, soft, and rather full. To have nothing but gruel.

10th.—He was now allowed broth, and bread and milk: the bowels are daily open. Yesterday the remains of the sutures came away, having caused some irritation about the wound, which is not quite healed.

28th.—For the last three days there had been a slight swelling and inflammation around the umbilicus. There was no tenderness; and to-day the swelling burst, and there was about an ounce of purulent matter discharged. The great wound had healed.

After this the boy was detained in the hospital, to prevent his taking improper food. Had it not been for this he was well enough to have been discharged. Upon examining the place where the wound was, the divided edges of the muscles beneath the skin were very distinctly felt nearly as high as the lower margin of the last rib.

I saw this boy in October, when he was in as good health as he had ever been in his life; he had a large oval plate, which he wore over the tumor by way of a truss; and he said he felt fit for slight work.

STATE OF THE MEDICAL PROFESSION IN ST. PETERSBURGH*.

THE police of the medical profession appeared to me to be placed upon a very judicious footing in St. Petersburg. No medical man, let his rank be what it may, can settle and practise in that city without having undergone a proper examination. Regularity of education is thus, at all events, ensured in all those who appear there in the character of medical practitioners. A list of all persons authorized to practise is printed yearly, and to judge from its extent, it would appear that our brethren of all degrees are very numerous in St. Petersburg. The *surveillance* of the medical profession, and of its rights and privileges, is confided in a particular manner to the Minister of the Home Department,

* Dr. Granville's Russia.

who is assisted by a council of medical men, generally selected from the most eminent practitioners in the city. One of the attributes of this council is, to inquire into the rights to practise claimed by individuals, and to report to the Minister any infraction of the established law respecting the regulation of the practice of medicine, as well as the existence of any empirical impostor. Professed quacks are not tolerated, and the laws against them are generally put in force with great strictness. A recent example in illustration of this has occurred, in which a person was, by an ukase of the Emperor, banished from the territory of Russia, for having persevered in selling nostrums after he had been warned by the proper authorities from so doing. This happened a few weeks after my leaving the capital. A man of the name of Ditrich, who had been authorized to practise as a veterinary surgeon, took upon himself the more difficult task of professing medicine in general, notwithstanding the repeated warnings he had received from the Medical Direction of St. Petersburg, against his illegal proceedings. He was therefore declared to be an impostor, on legal proof having been produced of that fact, and banished as such from the country, the Government publishing its sentence, and the motives which led to it. "Afin qu'elle serve d'avertissement à d'autres charlatans et imposteurs, car il est de la volonté de S. M. L'Empereur que *tout delit semblable* soit puni de la même manière*." Had the College of Physicians in London such a power, they might soon get rid of the stigma which adheres to them, but ought to attach to Government, of suffering hundreds of pretended *doctors* and declared quacks to play off their tricks on the health and purse of his Majesty's liege subjects. There is no marked difference of rank, nor any very definite division of province, between medicine and surgery in St. Petersburg. I have known both practised by the same persons whether surgeons or physicians; and in the military as well as civil hospitals, the distinction, with one or two exceptions, is completely abolished. In general, most of those who settle in St. Petersburg, try to attain the honour of doctor of medicine; for, by an ukase of

the late Emperor, who wished to encourage the higher branches of education in medicine, persons who have obtained the degree of M.D. are at once admitted into one of the thirteen classes of nobility.

A *pharmacien*, or "Aptékare," dares not make up a prescription of any practitioner whose name does not appear in the printed list, and still less can he venture to sell a drug, in however small a quantity, or however insignificant its nature, without a prescription regularly signed. On both these points the medical administration is more strict even than in any other part of Europe. Not only must every prescription be signed with the name of the physician whose advice has been taken, but it must also mention the patient for whom it is written, with the day of the month and year. To the medicine a label is affixed, mentioning, besides the date and hour of its delivery, its price, and the name of the "Aptékare" and his shop; but the best regulation is, that each, even the most simple medicine, must be sealed. Did such regulations exist in full, as they exist in part, in England, and as obligatory regulations, instead of being left to the discretion of chemists, we should not hear of so many dreadful accidents and mistakes as occur every year in this country. That peculiarly English branch of the medical profession, "an apothecary," is as unknown in St. Petersburg as it is in every other capital or city on the Continent.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abréger."—D'ALEMBERT.

Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M. D. London, 1828.

[Concluded from p. 790.]

PATHOLOGY OF THE INTESTINAL CANAL*.

THIS portion of Dr. Abercrombie's work is considerably more interesting than that which we had occasion to

* In our last Number, p. 789, first column, a passage is placed in inverted commas as a quotation from the author, which is merely a condensation of a passage.

bring under the notice of our readers last week; a circumstance which is owing to the nature of the subject admitting of the author bringing forward more original matter. He begins by calling to mind the three distinct structures of the alimentary canal; namely, the peritoneal, the muscular and mucous coats, and the pathological differences between them; namely, that inflammation of the serous membrane most frequently ends in effusion of lymph; that of the muscular portion, in gangrene; and that of the mucous, in ulceration. In tracing the symptoms of inflammation of the intestinal canal, three other important modifications are pointed out: thus, the bowels may be perfectly regular, or they may be constipated, or they may be purged: the first is said to occur in inflammation limited to the peritoneum; the second, in that of the muscular coat; and the third, in that of the mucous. Besides this, too, a peculiar class of diseases is referred to as confined to the muscular part of the apparatus; viz. *ileus*. The divisions of the subject adopted are, 1. *Ileus*. 2. The inflammatory affections of the more external parts, including peritonitis and enteritis. 3. The diseases of the mucous membrane.

Ileus is divided into three varieties; first, simple *ileus*, without any previous disease; secondly, *ileus*, with previous disease deranging the muscular power, but *without* mechanical obstruction; thirdly, *ileus*, *with* mechanical obstruction. To illustrate these different forms of the disease, twenty-six cases are detailed, and a separate section is devoted to the pathological and practical deductions deducible from them. To these last our limits oblige us to confine ourselves.

The view taken by Dr. Abercrombie of simple *ileus* is, that it consists in a mere distention, without any visible change in the appearance of the part; next, that a tinge of vivid redness presents itself; then, that the parts assume a livid or leaden hue; and lastly, that in a more advanced stage of the complaint the parts pass into gangrene. These changes, he thinks, are generally limited to the muscular coat; but in other instances peritonitis supervenes, as marked by the effusion of lymph. With regard to the muscular action of the bowels, at the more advanced period of the disease, the power of con-

traction seems to be entirely lost, independent of gangrene. This appears from a remarkable case, in which the patient lived eighteen hours, with an external opening directly communicating with the distended intestine, but without any discharge taking place, though the part contained nothing but air and fluid fæces. In this case the intestine must have been entirely deprived of its muscular action, and yet the part presented only a uniform distention, without any remarkable change either in colour or texture. A similar condition of the parts must have existed in another case, in which the obstruction was within reach by the rectum, and was repeatedly dilated by mechanical means, without any discharge following. Another illustration is derived from a case in which an obstruction, which had resisted the most active purgatives, and was accompanied by an evident distention of a portion of the bowels, was removed by the application of galvanism to the part; each application being immediately followed by a copious evacuation. It is probable, therefore, that there occurs in *ileus* a loss of the muscular power in a portion of the canal, in consequence of which it does not act in concert with the other parts, but becomes distended by the impulse from the parts above.

In a fatal case of *ileus*, we generally find one part of the intestine distended, and another part empty and collapsed. Some have contended that the collapsed part is contracted by spasm, and thus proves a source of obstruction, which leads to the distention of the parts above. Dr. Abercrombie, however, adopts the opposite opinion, and argues that the collapsed is the natural state of the parts, and supports this idea on the satisfactory grounds of this condition being found in persons, especially children, who have died of other complaints, and being the common appearance presented by other hollow muscles (as the bladder) when empty. On the other hand, a state of uniform distention, with lividity, may occur, as a primary disease, without any obstruction; and in this we can bear testimony to the accuracy of our author. The collapsed parts are almost always in a healthy condition, and the morbid appearances present themselves in the part which is distended. On these grounds, supported

by a reference to his cases, Dr. Abercrombie "submits the probability of the opinion, that, in a case of ileus, the distended part is the real seat of the disease; and that the contracted part is not contracted by spasm, but is merely collapsed, because it is empty, its muscular action being unimpaired."

According to the experience of our author, pain increased on pressure does not constitute a certain mark of inflammation of the bowels; nor are sudden cessation of pain and sinking of the vital powers absolute indications of gangrene, for he has known them several times recovered from. On the other hand, he has seen cases of extensive gangrene, in which the pain remained severe to the last. As ileus does not necessarily appear to be connected with feculent accumulation or obstruction, so we must be cautious in forming a favourable prognosis from the appearance of feculent evacuations.

In the treatment of ileus, Dr. Abercrombie thinks purgatives ought to be used with caution, and he regards the best practice as consisting in the repetition at short intervals of moderate doses of some mild cathartic; such, for example, as aloes, with henbane. Blood-letting is highly spoken of, whenever the strength of the patient renders it admissible. The tobacco injection is another favourite remedy of our author.

"It should be given first with much caution,—perhaps not more than fifteen grains infused for ten minutes in six ounces of boiling water; after the interval of an hour, if no effect has been produced, it may be repeated in the quantity of twenty grains, and so on, until such effects are produced, in slight giddiness and muscular relaxation, as show that its peculiar action is taking place upon the system. It may then be repeated at intervals of one or two hours, a great many times, if the case do not speedily yield; and, with the precautions now mentioned, I have never seen any unpleasant effect from the free use of this powerful remedy."

Cold applied to the abdomen by cloths dipped in vinegar and water, is strongly recommended in tympanitic cases, not accompanied with coldness of the surface, and where there is local circumscribed pain and tenderness. When there are paroxysms of violent tormina, opiates are of service; and

these answer best when blood-letting is premised. When the disease is far advanced, and the system becomes exhausted, stimulants must be freely exhibited: of these, the aloetic wine and tincture of aloes are suggested, as combining a stimulant with a laxative property.

The author adds, "and it is a remarkable fact, that, in this state of the system, and even with a tympanitic state of the abdomen, the tobacco injection, if given with sufficient caution, may still be employed with much advantage, along with the use of stimulants."

In addition to the above, the warm bath, crude mercury, the injection of six or eight pounds of fluid, large blisters to the abdomen, and oil of turpentine applied externally, or as enemata, are mentioned as occasionally of service.

Before we take leave of ileus, we must allude more particularly to the case of tympanitis, in which recourse was had to galvanism. A gentleman, aged 50, had vomiting and pain and tenderness on the right side of the abdomen, with obstinate constipation. Purgatives and clysters were used for a fortnight without success. Galvanism was apply to the part of the abdomen which was hard and tense. After the application had been made but a few minutes a rumbling commenced, which was soon followed by an evacuation. Under the repeated use of this remedy the bowels resumed their natural functions; but it is not stated how many plates were used, nor is the exact manner of its application described.

Peritonitis and Enteritis.

Dr. Abercrombie is of opinion that inflammation may exist in the intestinal canal confined to the muscular coat, and be marked by the symptoms of ileus, rather than such as usually denote inflammation; but that when the characters of the disease are more acute the primary affection is in the peritoneum. The description of these diseases is good, and is evidently taken at the bedside of the patient. The principal circumstances which appear to us worthy of attention are, those which tend to discriminate between peritonitis and enteritis. In *peritonitis*, a leading peculiarity is, that the bowels are not constipated, but either natural or easily moved, though the evacuations give no

relief, nor does their aspect assist in the diagnosis. The pulse according to our author, is often but little affected—sometimes continuing from 80 to 90 till a short time before death. The pain not unfrequently occurs in paroxysms.

In *enteritis* again there is for the most part vomiting and constipation; the pulse also is more permanently frequent, and the pain more constant. Tenderness on pressure is one of the symptoms most generally present, and most to be relied on in both these forms of abdominal inflammation.

In the treatment of the disease, as recommended by our author, two peculiarities present themselves: the mode of employing blood-letting, and the application of cold. His method is, to bleed largely in the first instance, and then to repeat very small blood-lettings at short intervals, whenever the effect of the first begins to subside, and without waiting for the symptoms to gain head again: in such a case the patient should not be lost sight of “above an hour or two at a time.” Most practitioners apply warm fomentations, but Dr. Abercrombie advises covering the abdomen “with cloths wet with vinegar and water, or even iced water.” In the doctor’s estimation the use of purgatives makes no part of the treatment in the early stages of *enteritis*: the bowels, in his opinion, may be better kept empty by mild injections, or the tobacco enema.

Under the appellation of *erysipelatous peritonitis*, Dr. Abercrombie describes some cases in which inflammatory disease of the peritoneum took place in persons who were either then affected with or recovering from *erysipelas* of some external part. The principal peculiarity consisted in the rapidly fatal termination of the disease, unrestrained by active remedies (where the sinking does not supervene so early as to render them inadmissible), and the appearances after death, which generally consist of a sanious effusion without adhesions, and frequently without any change in the structure or appearance of the parts.

Chronic Peritonitis is looked upon by our author as more frequent than has generally been supposed.

There is generally pain in some part of the abdomen, either permanent, or only occurring in paroxysms. The pain is in some referred to one defined space,

but in others is more general: it is usually increased by pressure, and is often much aggravated by the erect posture and by motion. In other cases again, there is no complaint of pain, but of a peculiar tenderness, the patient always shrinking from pressure on any part of the abdomen. There is an occasional vomiting, and generally more or less distention of the abdomen, which is often in some degree tympanitic. In some cases, defined spots of deep-seated induration may be felt. In a very important modification of the disease there is no pain; the patient merely speaks of *distention*, with variable appetite and irregular bowels, and becomes progressively emaciated. In many cases indeed the symptoms are so slight that no attention is paid to them until the emaciated appearance of the patient excites alarm. The abdomen is then probably found tumid, and tender at various parts; but in many cases, the disease steals on to an advanced period without any complaint either of tenderness or pain.

The bowels are commonly rather confined, but in general easily regulated; in other cases laxative medicine is very uncertain in its operation, being apt either to fail of its effect or to act too violently. Sometimes there is tendency to diarrhoea; this is particularly apt to take place in its advanced stages: and in other cases again, as the disease goes on, great obstinacy of the bowels takes place. The appearance of the motions varies considerably; in general they are of a pale colour and of a peculiar fœtor.

The disease may come on gradually and insiduously, without any apparent cause. In other cases it supervenes upon slight attacks of more acute affections, or upon other febrile diseases. It may also supervene upon injuries. It occurs most frequently in young persons from ten to fifteen, and is, our author thinks, less common in infants. In persons rather more advanced in life it is often complicated with disease of the lungs. The progress of the disease is generally marked by increasing emaciation, with hectic symptoms, sometimes with diarrhoea. In some cases matter forms and may find its way outwards, either through the parietes of the abdomen or by the ring of the external oblique.

On dissection the bowels are generally found glued to each other and to the

parietes of the abdomen, and the omentum is often involved in the disease. Not unfrequently the peritoneum is much thickened, and studded with tubercles. In many cases there are left, amid the adhering portions of the intestine, cavities full of purulent matter.

In the treatment of this affection, every thing depends upon arresting it at its very earliest period; for after it has advanced but a little way, it is probably irremediable. It seldom assumes so acute a character as to admit of general bleeding, and we must therefore trust chiefly to repeated and free topical bleeding, blistering, confinement, rest, antiphlogistic regimen, and the mildest possible diet.

Inflammation of the Mucous Membrane of the Bowels.

In acute inflammation of the mucous membrane of the bowels, there is generally pain in the abdomen, in some cases permanent, in others occurring in paroxysms; and it is usually accompanied by tenderness when rather severe pressure is made. There is irritability of the bowels, sometimes in the form of diarrhoea, and sometimes of painful tenesmus, with scanty discharges of bloody mucus. Some degree of fever, with thirst, febrile oppression, and a parched tongue, are generally present; but occasionally the pulse is little affected. There is frequently vomiting, but not urgent; articles of food excite burning uneasiness, and a sensation as if they almost immediately passed through the bowels.

The evacuations vary exceedingly; consisting in some cases of bloody mucus, or almost pure blood; in others, of a semi-purulent matter of a peculiar fetor; or of a bloody watery fluid, like the washings of flesh. The natural feces are in some cases retained or discharged only in small scybalous masses. On the other hand, the evacuations are, in some cases, thin and feculent, like those of a common diarrhoea; or they may consist of thin and healthy feces in the early stage of the disease; and the morbid discharges may not begin to appear until it has gone on for several days.

It would appear that inflammation of the mucous membrane of the bowels may exist in various conditions: in some of these it is dangerous merely from its extent; in others from its in-

tensity—for while the former destroy, by the constitutional disturbance with which they are attended, the latter may prove fatal by gangrene or ulceration. Dr. Abercrombie is of opinion that there is reason to suspect some forms of the disease to be contagious or epidemic. This idea is principally grounded on the circumstance of five individuals of the same family having been affected in quick succession; but as they were all exposed to the same excited causes which produced the disease in the first, the proof of contagion is, to our minds at least, defective.

The characters of the disease vary according to the part of the canal which is affected. 1. When confined to the rectum and lower part of the colon, the evacuations are scanty, mucous, and bloody, generally with retention of the natural feces, constituting the *dysentery* of systematic writers. 2. When the disease extends through the whole of the colon, or through a considerable part of the small intestines, the evacuations are at times of thin healthy feces, at others they contain mixtures of morbid discharges and articles of diet but little changed—the *colonitis* or tropical dysentery of writers. 3. The disease may affect the greater part of the bowels at once; especially the small intestine; constituting the *Indian cholera*.

Chronic disease of the mucous membrane of the bowels is occasionally left as the effect of an acute attack. When the affection has been present for some time the patient becomes much emaciated, and with “a peculiar withered look.” There is generally obstinate diarrhoea. Sometimes the appetite is voracious, but generally it is capricious, with much uneasiness after eating. There is for the most part pain in the abdomen, but it varies in form and degree.

Treatment of the Affections of the Mucous Membrane.

The general principles of treatment laid down by Dr. Abercrombie are—1. To subdue inflammation. 2. To quiet the general irritation of the canal. 3. To correct the morbid secretions. The first indication is fulfilled by bleeding; the second by mucilaginous articles and opiates, particularly Dover's powder; the third by calomel in small doses, variously combined. Purgatives are not looked upon as constituting an

essential part of the treatment, but their use is advised where the disease is confined to the upper part of the canal, so as to secure the evacuation of their contents. In the obscure forms of the disease, lime-water, bitters, iron, mercury, the resins, sulphur, nitric acid, and various combinations of these remedies, are recommended. The author also speaks favourably of the sulphate of copper. By the bye, it was Dr. Elliotson who first suggested the use of this medicine in such cases, not Dr. Granville, as our author supposes. It is given in doses of half a grain three times a-day, combined with opium, and increased to the extent of gr. iii.

Inflammation of the Mucous Membrane in Infants.

The symptoms of this are not, in the first instance, to be distinguished from those of common diarrhoea; and it is only when constitutional derangement comes on that the nature of the complaint is obvious.

This consists of febrile oppression, with dry crusted tongue, thirst, and vomiting; or of a very sudden and rapid exhaustion of the vital powers; and sometimes the first appearance of unfavourable symptoms consists in the sudden occurrence of coma.

"The appearances on dissection are nearly uniform. In various parts of the inner surface of the intestine, especially the ileum, we find irregular patches of inflammation, sensibly elevated above the level of the surrounding parts, and generally covered, either by minute vesicles or by minute ulcers."

With respect to the treatment, when there is no vomiting, a gentle emetic is sometimes of use, followed up by Dover's powder, with chalk; small doses of calomel; opium internally, or opiate frictions. If there be much activity in the disease, local bleeding must be adopted; if much sinking, wine is to be "freely" administered.

An Appendix to this part of the work contains some observations upon diseases of the mesenteric glands; and the whole is concluded with a very short account of those of the liver, spleen, and pancreas.

The work presents altogether a striking illustration of that patient and elaborate research to which Dr. Abercrombie subjects all the investigations which pass through his hands. The degree of in-

dustry displayed in the collecting, arranging, and collating cases, would be remarkable in any one—but are particularly so in a man holding the highest rank in his profession, and reaping that golden harvest in the northern metropolis which his scientific attainments, no less than his private character, have so deservedly secured to him.

MEDICAL GAZETTE.

Saturday, November 29, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicam sit, dicendi periculum non recuso."—CICERO.

AN APOLOGY FOR MEDICAL NOMENCLATURE.

It is not unusual to hear professional men regretting that our popular nosological terms are indefinite and inexpressive, and do not accurately describe pathological conditions: it is, perhaps, not so common to reflect upon the reason of this—and therefore an attempt to elucidate the principle of the actual nomenclature of diseases may not be altogether unworthy of attention.

To all those who prefer rational and enlightened practice to empiricism, there is no division of medicine more satisfactory than the study and treatment of diseases of the eye; because here, more than elsewhere, the anatomical changes during life, the origin, progress, and results of morbid actions, are traced, and the various diseased conditions named, with some degree of precision. But even here, the causes and course of maladies being at times more obscure, the phraseology is then more loose; and in other cases, even where we recognize the actual phenomena of disease, our view of it is swayed by considering its connexion with scrofula, syphilis, rheumatism, and other constitutional influences. In

many parts of the body, again, although we do not enjoy the immediate sight of disease, yet, by various manipulations and researches, we can determine the existence of tubercles, indurations, strictures, tumors, fractures, &c. and give a name to each descriptive of its mechanical form or extent, its physical constitution, or the organ or tissue which is implicated in its formation. It will not be necessary to dwell upon the obvious advantages of knowing such definite and tangible morbid conditions as a cataract, an ossified valve, a contracted pelvis, a luxated joint, or a strangulated intestine: of course our attention, both as judges of disease and as practitioners, is at once arrested by facts of such clearly intelligible existence, and of such momentous interest—we can understand them, and we can name them. But this precision does not extend to all the morbid changes to which the body is subject. It is not for us to conjecture whether we shall ever gain so accurate an acquaintance with physiology and pathology as to be able to assign to each disease its natural position and its appropriate name; but it is very certain that, at present, we are far from being arrived at that desirable point; for although, by means of pathological anatomy, animal chemistry, and the still more subtle analysis of philosophical investigation, scientific men are daily extending their conquests over the wilds of experience and conjecture, yet there is still an immense waste unsubdued; or, to speak more plainly, there is still a large proportion of diseases which either occupy no cognizable anatomical position—as some nervous complaints—or which leave no trace at all commensurate with their extent and importance—as tetanus and hydrophobia—or, which is still more common, go over so many parts, and occupy so much ground, that they cannot be said

to belong properly and exclusively to any—as, for example, febrile and exanthematous complaints. All these, therefore, cannot be named with precision. The only resource is, to abide by the most prominent and enduring feature, and to adopt that term which, from habit and association, has become identified with our general conception of the disease: and here we find the secret of the apparent absurdity of medical nomenclature. By a sort of tacit concurrence, practitioners and authors have used certain *proper names*, which are either quite fanciful and arbitrary, or drawn from the most intrinsic and characteristic conditions—as chorea, cancer, amaurosis, dyspnoea, dyspepsia, intermittent fever, delirium tremens—while they have, at the same time, disagreed about each other's explanation of the details of these very diseases: and for this reason, that the particulars are infinitely varied, while (making due allowance for the fluctuation of circumstances, the introduction of some novel complaints, and the disappearance of others which are recorded) there has always been a good deal of constancy in the nature and progress, and duration, of most maladies. Hippocrates could distinguish and appreciate the types and tendencies of diseases; indeed he is continually referred to by the most scientific men of the day, as a model of observant *tact* and foresight;—but wherever he has attempted to define anatomically, or physiologically, the worthy “father of physic” gets laughed at by his irreverent children. Since his day, systems have followed in unnumbered succession—one “strong man” defining and dogmatizing, until “another, stronger than he,” has come and dispossessed him of his station. Nevertheless, all this while the great landmarks of pathology have been recognized. But let us see if the moderns

would be quite agreed in any plan for a scientific and descriptive nosological scheme. Say that fever, for instance, is a very vague term, and should be discarded—to whom shall we apply for a more accurate designation—to Clutterbuck, or Armstrong, or Broussais? Hypochondriasis is a lumbering inconvenient word, but yet we are obliged to use it; for although the morbid state which it implies is allowed to be merely a consequence of fifty different derangements of structure, or of function, yet it is necessarily conjoined with, and exclusively consequent upon, no one of them: and nearly the same may be said of some forms of dropsy. Again, rheumatism, though evident and familiar to every one, is a very difficult disease to fix down by an exact pathological definition. In exanthematous complaints, although there is morbid anatomy enough during their progress—as in erysipelas, variola, rubeola, scarlatina, &c.—yet there is frequently no trace left, and it would not be easy to determine at what precise period of their career such sweeping affections should receive their designation. With regard to syphilis, scrofula, and malignant diseases, many of the phenomena which attract the senses are merely consequences of an accidental position in certain tissues, and not tokens of any natural habitation in them: and then the forms are so infinitely varied, that no comprehensive name could be devised which would accurately describe all the possible physical conditions and anatomical postures of the complaint. There are some cases, indeed, where a name which connects a disease, however loosely, with a particular organ or region, is acknowledged to be improper—as, for instance, hysteria and hypochondriasis, which are inconvenient terms just so far as they have a partial signification, instead of conveying a general characteristic impression.

It is possible that the example of what are termed *phlogistic* complaints, (in which a comparatively simple and regular mode of action may be accidentally directed to any region of the body, and receive a descriptive title from its residence there,) may have led to the idea that a scientific nosological scheme could be arranged, which, founded upon pathological anatomy, should allot to each disease “a local habitation and a name.” But by the clinical practitioner, the proposal to include, without discrimination, all the different types of fever—contagious diseases, those produced by morbid poisons, hereditary complaints, spasmodic affections, skin diseases, scurvy and cachectic maladies, gout, diabetes—all under one arrangement, and to look upon them as different stages and varieties of the same essential mode of action, would justly be regarded as narrow-minded and mischievous.

Therefore, although we may all be inclined to quarrel with medical nomenclature *in detail*, and to suggest the explosion of some of its most palpable errors, we must, upon reflection, subscribe to the principle upon which all practical and practicable nosology is based—that is to say, the use of *proper names* for the characteristic forms of disease, instead of descriptive titles and rational designations; which, however useful in matters which do not admit of doubt and change, and however much they may be desired in all cases, are to be admitted with the greatest caution in our profession, so long as the innovations of science are in progress. At present it is clear that the currency which our popular names of diseases obtain, is purely conventional; they are mere rallying points for our general conceptions of the various types and kinds of malady; they have no intrinsic value, no pretension to exactness, and pledge to no theory; but, like

the names London, Paris, Cæsar, Bonaparte, at once kindle familiar trains of thought, and that much better than any periphrasis, or exclusive definition, could possibly do.

For although it may, at first, appear a paradox that our general conceptions of disease should outlast the minute observation of the actual symptoms and phenomena, from which these very impressions result, yet such is really the case. We find men of experience disregarding accidental details, and bestowing their greatest attention upon the nature and history of diseases, and upon the diatheses and constitutions of their patients.

Indeed it is not more strange than what we see happen every day in the fine arts: a pupil in a gallery of pictures, at first, catches at the palpable peculiarities which commonly designate the different painters—the white horse of Wouvermans, the man fiddling upon a barrel of Teniers, the deep light and shade of Rembrandt—but the learned eye of the artist appreciates the whole style, and manner, and feeling, of the various masters, even where these familiar tokens are not present.

THE LANCET AND ITS LIBELS.

IN the records of literary atrocity we have met with nothing more monstrous than the conduct to which the Editor of the *Lancet* pleads guilty in his last Number. We shall simply state the facts—they would be weakened by comment. In the Number of the *Lancet* for Nov. 8th, p. 191, is contained a case said to have occurred at the Infirmary of Glasgow, in which a boy's life is represented as having been sacrificed to the ignorance of the surgeons, by their mistaking strangulated hernia for "hydrocele of the cord." It is entitled, MORE "INTELLECTUAL SURGERY" AT A CERTAIN INFIRMARY!—ANOTHER HERNIA!! In our last Num-

ber we stated that the case was a fictitious one, and the whole the contrivance of some one whose wit exceeded his morality, to see how far the *Lancet's* love of calumny would carry it; and we at the same time expressed our hope that it would prove a useful caution to Wakley, supposing that, in publishing the libel, he had merely acted on that general appetite for slander which often "makes the food it feeds on," and is never very nice about the sources whence it is derived. But it appears that we were wrong—the Editor *suspected it was a fabrication when he published it!!!* He gave what little stamp of authority his Journal could impress to a gross, malignant, and wanton libel upon respectable men—at the very moment that he doubted its truth!!! We should not venture to assert this even of the most infamous libeller of the age on any authority short of his own.—"We had some reason to doubt the genuineness of the case detailed in the letter from Glasgow, signed Maxwell G. Calder, in our 271st Number, p. 191*." These are the words of our contemporary himself, in his last Number, in reference to this individual case, which is headed in capital letters as above, and in which the sacrifice of a poor boy's life to the ignorance and stupidity of his attendants is detailed with all the brutal sarcasm of the *Lancet*—in a manner alike unfeeling towards the supposed sufferer, and reckless of the injury inflicted upon the living.

"We cannot picture to ourselves (he continues) a more despicable miscreant than the man who is capable of fabricating a piece of intelligence for one Journal, and, before the ink is dry with which he has perpetrated his fraud, composing for another Journal a communication complaining of the

* *Lancet*, Nov. 22, page 244.

falsehood to which his own infamy has given birth." Sir Philip Sidney has well said that "the base measure all men's marches by their own pace;" and hence it is natural that the Editor of the *Lancet* should suspect our reporter of sending the forged case to him. We have only to say, in reply, that we do not believe it, because we have received highly respectable references as to his character, both here and in Glasgow, and because he knows us sufficiently to be aware that we would never again give insertion to any of his communications if he had played off such a hoax even upon our adversary. We do not insert papers which commit the character of our Journal, and, therefore, should not have ventured to declare that the case was purely fictitious without knowing something of our informer.

The Editor of the *Lancet* calls his unknown tormentor "a despicable miscreant;" and at first we doubted not but that this strong appellation was the effusion of virtuous indignation, on account of the letter containing false charges against respectable men; but on reading a little farther, we perceived that the Editor of the *Lancet* was indignant, not because his correspondent had libelled the surgeons in Glasgow, but because he had made a fool of Mr. Thomas Wakley!! If the author of the hoax be a "despicable miscreant" on this account, what appellation will be found sufficiently strong to denote the infamy of the man who, by acknowledging that he suspected the genuineness of the case when he inserted it, proclaims himself a wilful traducer; who publishes the grossest attacks upon the characters of his brethren without even the hackneyed pretence of being himself misled into the belief that they are true?

KING'S COLLEGE.

We are authorized to state that there is no foundation for the rumor that the intention of forming a medical school at this establishment has been abandoned.

POWERS OF THE APOTHECARIES' COMPANY.

FROM the uncandid manner in which the state of the law, with regard to the Apothecaries' Company, has been stated by a contemporary, we fear that some may have been misled into the belief that they have no power to prevent members of the College of Surgeons from practising in medical cases. Our readers will observe, that whether the powers granted to the Apothecaries be *expedient*, is one question; whether they be *legal*, another; the former is matter of opinion, and may fairly be discussed; the latter is matter of fact, and cannot be altered either by argument or sophistry. The *Lancet*, a fortnight ago, gave it as his opinion, (*his opinion!*) that in the case, *Allison v. Hayden*, the plaintiff was illegally nonsuited. We subjoin an extract, containing the sentiments of the Judges on this subject, (which our contemporary, with his usual candour, suppressed), and leave our readers to choose between their authority and that of the individual alluded to. If after this they are imprudent enough to be guided by the latter, they will only have themselves to blame.

COURT OF COMMON PLEAS.

In Easter Term. 9th Year of Geo. IV. 1828!

ALLISON *versus* HAYDEN.

May 7th.

Assumpsit for Work and Labour as a Surgeon and Apothecary, with Counts for Medicines sold and delivered.

AT the trial before Burrough, J. Middlesex Sittings after Hilary Term last, it appearing that the plaintiff had a certificate from the College of Surgeons but none from the Master

and Wardens of the Apothecaries' Company, the defendant disputed certain charges for attending him in a typhus fever; and it was objected that he could not recover for these attendances, the 55 Geo. III. c. 194. s. 21. having enacted, that "no apothecary shall be allowed to recover any charges claimed by him in a court of law, unless he shall prove at the trial that he was in practice prior to or on the 1st of August, 1815, or that he has obtained a certificate from the Court of Examiners," by the said act constituted. The learned judge was of this opinion, and the plaintiff was nonsuited.

BEST, C. J.—I think this is a useful law, intended to put apothecaries upon a more respectable footing, and to exclude low and ignorant persons from the practice of medicine. But the words of the act prevent all persons from recovering for attendance except such as have duly qualified themselves as apothecaries. Sect. 21 is expressly to this effect: "No apothecary shall be allowed to recover any charges claimed by him in a court of law, unless he shall prove at the trial he was in practice prior to, or on the 1st of August, 1815, or that he has obtained a certificate from the said Court of Examiners." No one, therefore, can recover unless he were practising as an apothecary before 1815, or has a certificate from the Court of Examiners of the master and wardens of the Apothecaries' Company. If, indeed, the plaintiff had been practising as a surgeon, and had administered medicine as auxiliary to a surgical case, his claim could not have been resisted; but he was treating a typhus fever, which is the province of a physician or apothecary.

It has been argued that he is protected by the superior privileges of the College of Surgeons: I think not. The College of Physicians is equally mentioned in the act, but surely if a physician were to dispense his own medicines he could not be entitled to recover.

The act does not give the College of Surgeons any new privileges, but merely preserves the old. A surgeon formerly was a mere operator, who joined his practice to that of a barber. In latter times all that has been changed, and the profession has risen into great and deserved eminence. But the business of a surgeon is, properly speaking, with external ailments and injuries of limbs.

With a view to the recovery of a patient in a case of that description, he may perhaps prescribe and dispense medicine: but the act has drawn the distinction between the various departments of the art with great precision. A chemist may prepare and vend, but not prescribe or administer medicine. Each is protected in his own branch, and neither must interfere with the province of the other. We think the plaintiff has interfered with the province of the apothecary, and that, therefore, this rule must be discharged.

PARK, J.—The object of the act was to keep the business of apothecary distinct from the other branches of the profession: the title is, "An Act for better regulating the Practice of Apothecaries throughout England and Wales;" and, by sect. 14 it is enacted, "that it shall not be lawful for any person, except persons then in practice, to practise as an apothecary, unless he shall have been examined by the Court of Examiners by the said act constituted, or the major part of them, and have received a certificate of his being duly qualified to practise as such from the Court of Examiners." So that a person cannot obtain the certificate unless, upon examination, he appear duly qualified. The privileges of the three other branches of the profession (those of physicians, surgeons, and chemists) are preserved. But a chemist can only recover for medicine sold, not for advice or attendance; and a surgeon cannot charge for his attendance, or for administering medicine, except in cases within his own department.

BURROUGH, J. concurred.

GASELEE, J.—By the act a distinction is made between the province of apothecary and assistant to an apothecary; and persons are not allowed to act even as assistants unless duly qualified. Where persons act as surgeons and apothecaries, I believe they are examined both by the College of Surgeons and the Master and Wardens of the Apothecaries' Company; particularly in the navy, where it is necessary for them to act in both capacities; and they receive a certificate according to the rate of the ship in which they serve. I think the plaintiff cannot recover for his attendance in the present instance, and that, therefore, the rule must be discharged.

HOSPITAL REPORTS.

ROYAL INFIRMARY OF GLASGOW.

Compound Fracture of Upper Maxillary, Malar, and Nasal Bones.

MICHAEL CONOR, æt. 26, labourer, admitted February 7th, 1828. Seven hours ago, while standing in a coal pit, a portion of the roof fell, and struck face, breast, shoulders, and occiput. Both nasal bones are fractured near their anterior extremities; and over seat of fracture there is a wound of integuments passing across right side of nose, and communicating both with the fracture and with the nostrils. Face and left side of scalp are slightly emphysematous. Portions of malar and maxillary bones forming lower margin of right orbit, are driven considerably backwards, but vision is not affected. Teeth on right side of upper jaw, from first incisor to second molar, are driven considerably inwards, and gums are detached from them. Probe passes freely along their bared roots, and along maxillary bone to edge of orbit, and depressed bones are felt rough. The same bones are also felt through a wound in right cheek, commencing about an inch to outer side of angle of mouth, and running upwards and inwards to the extent of an inch. This wound does not communicate directly with mouth, but a probe passed into it in a direction towards the orbit, comes in contact with another passed in the same direction, from a wound within the mouth.

The shattered pieces of bone were pressed as nearly as possible into their natural situation, and the wounds dressed with adhesive plaisters. By the aid of free bleeding, both general and topical, rest and abstinence, suppuration was prevented; and in March 19th, betwixt five and six weeks after the accident, the patient was dismissed with the shattered bones consolidated, the wounds cicatrized, and scarcely any deformity resulting from the injury.

Synovitis.

Case I.—On Dec. 26th, 1827, James Connal, sailor, æt. 56, was admitted for a moderate sized hydrocele of right side, which was treated on the following day by evacuating the fluid with a lancet, and cutting off a minute portion of the

tunica vaginalis with scissors. On January 12th he was dismissed cured.

Three days afterwards he returned, a very small quantity of matter having collected under the integuments at the seat of puncture. The part was laid open and dressed, and by the 27th January the wound had almost cicatrized. On that day he was employed, when lightly dressed, in applying leeches to another patient; and in the evening he had a rigor.

On the morning of the 28th, he complained of occasional obtuse pain in calf of left leg, and in left knee. In the evening the pain had shifted to right calf and right knee.

On the 29th the pains were felt in both legs alternately, but without constitutional disturbance. In the evening he had another rigor, after which the pain attacked the right shoulder joint.

On the 30th the pain was most severe in right shoulder, but neither there, nor in any of the parts already mentioned, was either swelling or discoloration to be discovered. His pulse was now quick, his tongue brownish, and he complained of oppression at præcordia. In the evening he had a severe rigor, hiccupped occasionally, and complained much of pain in right shoulder, left knee, and left calf, in the last of which there was now considerable tense swelling, but no discoloration.

Notwithstanding the free use of purgatives, antimonials, leeches, and evaporating lotions, from the first appearance of the symptoms, he sank under the disease, and died on the morning of the 31st.

On examination after death the integuments of calves of legs, particularly of left leg, were found distended with brownish serum; and the cellular connexions of muscles of calf contained a similar fluid. In left knee-joint there were a few drachms of thick pus, but no vascularity or swelling of lining membrane. Integuments on inner side of right shoulder were similarly affected; there was a very small quantity of thick pus in bursa under deltoid muscle, and a very small quantity within the joint. Thoracic and abdominal viscera healthy.

Case II.—James M'Cormick, æt. 43, porter, was admitted, October 13th, 1827, under the care of Dr. Young, for retention of urine from chronic enlargement of the prostate gland. With some

difficulty a good sized elastic catheter was passed into the bladder; and on the 17th curt., four days after admission, he had recovered the power of voiding his urine. On that day he complained of pains in both shoulders, for which *vinum colchici* was prescribed. After two days the pains removed to left knee and left elbow: they were very severe, and accompanied with swelling in both joints. On the 24th some external redness was perceptible, and on the 27th, fluctuation being distinct near elbow, a puncture was made, and about an ounce of pus discharged. The affection of left knee followed the same course. On November 2d, although the patient was evidently sinking, the abscess was opened, and eight ounces of pus evacuated. On the following night he died. The fever in this case was considerable, and, during the last seven days of the disease, was accompanied with delirium, and a deep yellow colour of the whole skin. Leeches, purgatives, opiates, and cataplasms, were employed freely with very partial advantage.

After death, the left elbow-joint was found to contain a large quantity of thick pus, which communicated with the external opening by a sinus behind the external condyle. The external condyle within the joint was denuded of its cartilage, and rough. The head of the radius was similarly affected. The left knee-joint was full of pus, and the pus passed upwards to the extent of five inches betwixt the vastus externus muscle and the femur.

There was a false passage connected with the urethra. The prostate gland was about twice the natural size. The viscera of thorax and abdomen were natural.—*Glasgow Journal*.

ST. GEORGE'S HOSPITAL.

Notes of a Dissection.—Psoas Abscess pointing on the anterior part of the Dorsum Ilii.

Nov. 15.—A young and strumous-looking woman was long in the Princess's ward of this hospital, under the following circumstances. Between the great trochanter and anterior spines of the ilium, in fact at the anterior edge of the dorsum of that bone, was a middling sized tumor, which fluctuated and presented all the

characters of abscess, accompanied with hectic and other constitutional symptoms. Mr. Jeffreys, whose patient she was, pronounced the disease to be psoas abscess, though perfectly unable to explain the *rationale* of its pointing where it did. Latterly, symptoms of phthisis pulmonalis were developed: the young woman fell to the charge of the physicians, and died. The swelling, we should mention, was never punctured, and never burst.

On dissection the lungs were found greatly diseased, and presented abundance of tubercles and vomicae. The local appearances, however, were those which naturally attracted most attention. The body of the last lumbar vertebra was generally unsound, and partly destroyed on its left side by caries; the intervertebral substance between it and the fourth lumbar vertebra was gone. From this point you could trace the bed of an abscess in the substance of the psoas, just above, or more correctly anterior to, the level of the lumbar nerves, down to within two inches of the ligament of Poupart. Here the abscess had, as it were, *bifurcated*, forming for itself two paths—one in the remainder of the course of the psoas, the other diverging to the outside of the thigh, where the swelling had appeared during life. Let us first pursue the latter. Leaving the psoas at the point above mentioned, the channel of the abscess traversed obliquely the substance of the iliacus internus, crossed beneath Poupart's ligament close to its iliac attachment, held on its way beneath the rectus at its origin, and finally ended at its outer side. The anterior crural nerve naturally lies rather deep between the iliacus and psoas muscles. The abscess, however, taking very nearly this direction, the nerve had in some degree avoided it, by describing the segment of a large circle, and moving much nearer the crest of the ilium. Besides this mal-position, it was matted to the neighbouring parts; notwithstanding all which the patient had complained of no unusual pain during life.

The other division of the abscess accompanied the psoas, betwixt it and the margin of the acetabulum, as deep as the trochanter minor. Here it formed a cavity nearly the size of an egg, situated, however, at too great a depth to admit of its detection during

life, or even to be felt from without after death.

Thus, then, this case was a compound of common "psoas abscess," following, perhaps more deeply than usual, the course of the muscle, and another variety taking this new, and, as far as we know, undescribed direction. The dissection is important, as explaining the quomodo here, and assisting diagnosis hereafter.

GUY'S HOSPITAL.

Inflamed irreducible Scrotal Hernia.

J. PULSON, aged 33, a healthy labourer, was admitted to Accident Ward in the evening of Nov. 8th, under Mr. Key.

He has had a rupture seven years, always reducible until yesterday, when, without any distinct cause, it suddenly descended, and could not be returned. On admission, a scrotal hernia was found on the left side, equal in size to a cocoa nut: its contents were questionable—inferiorly it was more soft and yielding; superiorly, firmer and more like intestine. A large part was obviously fluid. It was tender under pressure, and the integuments had a blush of redness. The bowels have been open several times to-day; evacuations loose and watery; the abdomen is soft, and free from pain or tenderness, excepting over the internal ring; pulse, temperature, countenance, and stomach, are not disturbed. The taxis, aided by the warm bath and copious bleeding, failed in effecting reduction. Small doses of saline purgatives were ordered, leeches applied to the abdomen, and the man was left for the night, with a cold mixture of common salt and muriate of ammonia applied to the tumor.

Nov. 9th, 10 A.M.—The patient's condition is very little altered. His bowels have been opened several times; evacuations liquid, containing very little faecal matter: they were such as did not satisfy Mr. Key that there was no strangulation. He directed the patient to smoke tobacco until it produced faintness, &c. The second pipe induced a state of complete relaxation, in which Mr. Key applied the taxis, but without success. During the attempt, he thought he perceived a gurgling within intestine, but it was indistinct.

He was now urged to operate; but the free evacuations, the doubt as to the contents of the tumor, and the absence of urgent symptoms, determined him to wait till evening. In the meantime he ordered colocynth and calomel, senna and salts, and an enema, to be successively administered at intervals of an hour and a half, hoping that they would produce decisive evacuations.

3 P.M.—Mr. Key again saw the patient. There had been two motions, still liquid, but containing rather more faecal matter than the preceding. No nausea; no distress of countenance; tenderness confined to the tumor and internal ring; pulse natural. In this state of things it was determined not to operate unless more urgent symptoms should arise.

9 P.M.—The only change observed is that the pulse is harder and more wiry.

Ordered to take 3 grains of Calomel and 1 grain of Opium. 15 Leeches to be applied to the Scrotum.

10th.—Tumor unchanged; pulse more expanded, less wiry, 84. Bowels were open yesterday evening, not since. Good evidence was afforded of the absence of any highly inflammatory state, by the discovery that, by a mistake, the patient had, since admission, taken the full diet of animal food.

12th.—Neck of the tumor rather softer. Sir Astley Cooper visited the patient, and used the taxis for a long time, but without effect.

15th.—There being no prospect of relieving the patient from the mechanical inconvenience of the tumor, of which alone he now complained, he became dissatisfied, and suddenly left the hospital.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

MEAN HEIGHT OF THE INHABITANTS OF PARIS, &c.

DURING eight years, from 1816 to 1823 inclusive, the mean height of the young men found fit for military service has been 5 feet 2 inches $1\frac{1}{2}$ lines for Paris, and 5 feet 1 inch $9\frac{1}{2}$ lines for the suburbs de Sceaux and Saint-Denis; so that the mean height is higher in

Paris than in the rest of the department de la Seine. The same fact has been remarked in the department du Rhone, between the town of Lyons and the suburb of Villefranche, in the years from 1806 to 1810 inclusive. From other facts of a similar nature also, it may be concluded, that all other things being equal, the height of men is in proportion to their condition in life, or rather, perhaps, inversely, as the troubles, fatigue, and deprivations which occur in infancy and youth.—*Corr. Matham.* iii. 161.

EFFECTS OF THE TINCTURE OF COLCHICUM AUTUMNALE ON THE SYSTEM.

Struck by the powerful and beneficial effects produced by this medicine in cases of gout and rheumatism, M. Chelius was led to search particularly for circumstances which might afford an explanation of its favourable action, and soon noticed a remarkable change in the urine, which he thinks sufficient to explain the whole. This change consists in a striking increase in the quantity of uric acid contained in that secretion. A person afflicted with gouty concretions in many of the joints, and especially in the knees, so as to be unable to move, took the colchicum wine; before its use, the uric acid, either free or combined in the urine, was 0.069; on the fourth day after the first employment of the medicine it had increased to 0.076; on the eighth day to 0.091; and on the twelfth day to 0.112: so that the quantity was nearly doubled in the short space of twelve days. Similar results were obtained in many other cases of the same nature, in which the analyses of the urine had been made.

M. Chelius thinks the English physicians give too large a dose of this medicine; he thinks it preferable to begin with 20 or 30 drops in half a glass of water, and to increase the quantity gradually, until gastric irritation is indicated. So used, he has never observed it to produce bad effects.—*Bull. Univ.*, C. xiv. 100.

REPRODUCTION AND USE OF LEECHES.

The following experiments have been made, and conclusions drawn, by M.

Pallas. The bottom of a box was covered with argillaceous earth to the depth of 6 inches, and then 200 leeches, which had been used six times, put in; they buried themselves in the earth. Five months after, a layer of earth 1½ inch deep was removed, and a conical hole found, with smooth sides, inclosing axiform cocoons of various sizes. On further examination, 73 cocoons were found, and a loss of 88 dead or useless leeches was remarked. In another experiment, the box being arranged as before, 200 leeches, which had not been used, were put in at the same period; at the end of five months, only 14 cocoons were found, and 98 leeches were lost.

From these and other researches it is concluded—1. That leeches which have been more or less frequently used, and placed in favourable circumstances, are more apt to reproduce than those which have not been used. 2. That the enormous difference above described depends upon the difference of nourishment. 3. That the time of increase in the climate of Pampluna appears to be from the 15th or 20th of August to the end of September. The atmosphere should be at least 59 or 60 degrees F. Argillaceous earth is the medium preferred by the leeches. 4. Each cocoon usually contains 12 individuals. 5. The cocoons are principally formed of two kinds of substance; the internal is fibrous, dense, and very close, enveloping a very thin multilocular pellicle, which contains the germs; the exterior is very light, porous, and woolly, probably destined, according to M. Chate-lain, to keep out moisture, and give lightness to the cocoon; but by M. Pallas considered as intended to protect the contents of the cocoon from sudden changes of temperature, of which the young leeches are very sensible. 6. That leeches may be applied again and again, and are then more apt to produce young. Between the 1st of January and 30th September, M. Pallas used 35,611 leeches which had been used before.—*Mem. de Med. Militaire*, xx. 361.

STING OF A WASP.

The bulb of an onion, or garlic, cut and applied immediately to the place stung, instantly removes the pain.—*Recueil Industrielle*, vi. 216.

CARIES OF THE MAXILLARY BONE, AND REPRODUCTION OF THE TEETH.

A boy, eleven years of age, of a scrofulous constitution, was affected with a considerable tumor of the right side of the face, with caries of the upper jaw bone, particularly of the alveolar ridge. Dr. Krimer, under whose care he was, declined any operation, and left the case to nature; limiting himself to the removal of the teeth, and some incisions to facilitate the escape of pus, &c. In the course of a few months, seventy-two pieces of bone were thrown off, so that, apparently, all the alveolar edge of the right side, the greater part of the anterior surface of the upper jaw, and the os lachrymale, were lost and regenerated, or at least healed up. Eight months after, the boy began again to experience pain, with swelling of the gum over the situation of the alveolar ridge; and the local irritation was so great as to cause great constitutional disturbance, with delirium. M. Krimer cut down upon the tumefied part, and laid bare what he supposed were fresh pieces of exfoliating bone, but which proved to be three dentes molares. After two months more another tooth made its appearance, preceded by the same symptoms. This is a curious physiological fact; for it is extremely rare to see the teeth developed in a jaw which had been almost entirely destroyed, and after the period of life at which the emption of teeth takes place.—(*Journ. von Graefe.*)

PROCEEDINGS OF SOCIETIES *.

HUNTERIAN SOCIETY.

DR. F. RAMSBOTHAM, VICE-PRESIDENT,
IN THE CHAIR.

Removal of a portion of the Scapula—Tumor in the Epigastrium—Injury of the Head.

DR. RAMSBOTHAM reminded the meeting that, about a month ago, he had mentioned the removal of a portion of the scapula by Mr. Luke, of the London Hospital. He was now able to give further particulars, and had also brought with him the removed tumor—

The patient was a girl 14 years of age, employed in a nursery. About five months before coming to the hospital, she experienced pain in the scapula, but no swelling was perceptible till about five weeks antecedently. The tumor was attached to the scapula, and appeared to originate in the infra spinal fossa. It was supposed to be of the nature of medullary sarcoma, and this opinion proved to be correct. The increase of its bulk was rapid, and another tumor arose and extended itself towards the axilla. The malignity of the disease, and the daily increase of the bulk, led Mr. Luke to propose removal of the tumor, but on this point there was a division of opinion among the surgeons of the hospital. On the ninth day, however, after admission, she was taken into the theatre, and a small puncture being made into the tumor, blood and medullary matter escaped, so that the nature of the growth was ascertained. It was now resolved to proceed to extirpation. An elliptical incision was made through the skin, so as to insulate the tumor, and to define the portion of bone to be removed. Mr. Luke then cut down to the bone, and afterwards sawed through it at the base of the acromion, leaving the articular portion uninjured. The tumor and bone were then raised, and the muscular attachments divided, so that the humerus and about three-fourths of the scapula were removed together. This part of the operation occupied about seven minutes and a half. During the extirpation, an assistant made pressure on the subclavian artery, and the patient did not lose above a pint or a pint and a half of blood; but about twenty arteries were tied. The axillary plexus of nerves, the axillary artery, the ribs, and intercostal muscles, were exposed. No unfavourable symptom has arisen in the progress of recovery, the ligatures have all come away, and the wound has nearly healed. The shoulder has been supported by a sling carried under the elbow; but when she sits upright, there is a little falling of the shoulder.

Mr. Kingdon related an interesting case of tumor occupying the whole epigastrium. After the lapse of some time it pointed, and, on being punctured, a small quantity of pus and some very foetid gas escaped. The symptoms still remain unfavourable, and Mr. Kingdon apprehended the existence of organic disease of the liver.

Dr. Bright gave an affecting example of the mischief that often ensues from very slight injury. A medical gentleman, about 60 years of age, usually enjoying good health, but of a somewhat irritable temperament, and of an anxious mind, fell on a heap of stones, and struck the corner of his left eye, which was a little cut. Before morning the eye became very painful, but the means re-

* The arrangements connected with the completion of the Volume oblige us to postpone the other Societies.

sorted to soon relieved him, and nothing remained except blackness, which also disappeared in a few days. At the expiration of five weeks he went into the country on a shooting excursion, became wet, and travelled home afterwards. High fever ensued, and Dr. Bright was requested to see him. In addition to the fever, he complained of pain above the eyebrow, and some puffiness was observable. A poultice was applied, and a discharge of matter took place. Mr. Brodie was now requested to see the patient, and on enlarging the opening he discovered a small portion of the bone denuded. Delirium came on, which, however, subsided, and the gentleman seemed to be getting better. About a fortnight after, a swelling appeared about two inches above the original blow, and was cut into. Not more than two drops of pus were observed, but a portion of the bone here was denuded. These two places continued discharging (but never more than six drops at a time) for about five weeks. He complained of pain in the head, and compared it to the gnawing of mice, and of noises, which, he said, resembled a concert. He also had unfounded apprehensions, and there was slight wandering when left to himself, but he was capable of giving correct answers when questioned.

Last Sunday week erysipelas appeared on the upper eyelid, and extended over the face, which was swollen. The pains of the head were relieved when this affection of the face occurred. Suddenly a change for the worse took place, and the symptoms indicated a transfer of the affection of the face to the membranes of the brain. The right hand was contracted. Coma supervened, and terminated in death eight or ten weeks from the injury.

Examination.—The cranium, in the parts where disease had been seated, was found more porous than it should be, so that it broke under the saw and chisel; but the pericranium had not been removed to a greater extent than a sixpence in each place. On raising the upper part of the cranium, disease of the dura mater was discovered. Along the meningeal artery there was a deposit of lymph, and one spot of pus; on the under surface of the dura mater there was heightened vascularity. The arachnoid membrane was raised by an effusion of serum, evidently the result of erysipelatous inflammation. On the anterior lobe of the cerebrum of the corresponding hemisphere, where it lies in contact with the opposite hemisphere, there was a decided ulcer in the substance of the brain containing pus. The exact state of the arachnoid at this point could not be made out, but the doctor thought that it had been eaten away.

Dr. Babington was led to inquire whether

all the symptoms were not consequent on the fever. The slightness of the injury, and the mildness of the symptoms ensuing from it; the recovery from them; the subsequent exposure and exertion; the eating a hearty meal, and then travelling all night, led him to believe, that under the commotion of the fever, induced by the latter circumstances, the head, being a tender part, became affected. He thought that the accident might have produced no material inconvenience, if the febrile disturbance had not occurred. The doctor adduced a case of dormant syphilitic affection, which became developed in the form of severe pains and eruption, on the excitement of the fever by fatigue and free living.

NOTICES.

We cannot insert the article from Oxford, signed "W.," unless the author chooses to verify his statements by his name.

The same objection applies to the Letter, dated London, Nov. 10th, relating to a case of Lithotomy.

Communications have been received from "Dr. P. M. Latham,"—"Mr. Darbery,"—"Mr. L. Parker,"—"Mr. Gaskoin,"—"Mr. Dix."

BOOKS RECEIVED FOR REVIEW.

Memoir of the late William Wright, M.D., with Extracts from his Correspondence, and a Selection of his Papers on Medical and Botanical Subjects.

Lecture on the Physiology and Zoology of the Ear in Man and Animals, by John Harrison Curtis, Esq.

A Pocket Compendium of Anatomy; containing a correct and accurate Description of the Human Body. By Edward Wm. Tuson, Lecturer on Anatomy, &c.

Elements of Descriptive and Practical Anatomy, for the Use of Students, by Jones Quain, A.B. M.B.

A Treatise on Intestinal Worms. By William Rhind, Surgeon.

ERRATA.

In our last Number, p. 790, for "are a series of articles," read "is a series," &c.; p. 791, for "and when it had been sent to this Journal," read, "and when the refutation had been sent," &c.; p. 799, for "R Infusum Calumbæ," read "R Infusi Calumbæ."

W. WILSON, Printer, 57, Skinner-Street, London.

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